Account Summary Hand Surgery Associates SC

Current 31-60 61-90 Over 90 Balance Account: 80330 Self: 0.00 0.00 0.00 9384.00 9384.00 Paul Dui berg Insur: 0.00 0.00 0.00 0.00 0.00 4606 Hayden Ct Collect: 0.00 0.00 McHenry, IL 60051 0.00 0.00 0.00 Unassigned: 0.00 Home: 847 497-4250 **Total Balance:** 9384.00

Work: Cell:

Account **T**ype: LI∏GA∏

Stmt? Y Dun? Y

Last Stmt: 08/08/2014 9384.00

Last Pmt: 04/18/2014

20.00

Patient: 80330 Paul Duiberg

DOB: 03/19/1970

Sex: M 1st Service: 02/27/2012

Last Service: 10/11/2013

Self Pay Insurance Cert:

Grp:

Sub:Paul Dulberg

					Gip.				Sub:Pa	ui Dulberg		
Voucher	Service Date	Original Bill Date	Patient Payor	No. & Name	Location	Acti		Pract	Charges	Pmts & Adjs	Net Due	Age
841480	06/06/2012	07/11/2012		aul Dulberg	HSAAH	SDS		HSASC	171.00	118.00	53.00	762
06/06/2	2012	Proc: 9921	Self-Pay	065 0-1-1-5-1-0-1-1						110,00	55.00	702
10/31/2		Ref: recei		Office Outpt Est 25 Min			Diag	j: 354 . 2	Units:	1 Charge:	171.00	
11/19/2	-	Ref: Recei						18.00				
12/31/2		Ref: receip	•	, ,				20.00				
01/29/2		Ref: receip		Self Pay Credit C				20.00				
02/27/2		Ref: Recei		Self Pay Credit C Self Pay Credit C				20.00				
04/18/2		Ref: Recei			aru Paymen ard Doumes	τ.		20.00				
887630		08/10/2012						20.00				
	07,00,2012	. 00,10,2012	Self-Pay	di buiberg	NWCH	SDS		HSASC	6671.00	0.00	6671.00	732
07/09/2	2012	Proc: 64718	•	Neurp&/Trpos Ur Nrv Elbw			Dian	: 354.2	Unites	1 Ch	2010.00	
07/09/2	2012	Proc: 64708	8	Neurp Major Prph Nrv Arm		n Sne	Diag	. 055 2	Units: Units:	1 Charge:	3318,00	
887640	07/09/2012	08/10/2012	80330 Pa	ul Dulberg	NWCH	SJB	Diag	HSASC		1 Charge;	3353.00	
		, ,	Self-Pay		, , , , , , , , , , , , , , , , , , ,	300		HISASC	1667.00	0.00	1667.00	732
07/09/2		Proc: 64718	8 A	Neurp&/Trpos Ur Nrv Elbw			Diag	: 354.2	Units:	1 Charge:	829.00	
07/09/2		Proc: 64708		Neurp Major Prph Nrv Arm/	Leg Oth/Th	n Spe	Diag	: 955.2	Units:	1 Charge:	838.00	
919100	08/27/2012	09/13/2012	80330 Pa	ul Dulberg	HSAVH	SDS	3	HSASC	50.00	0,00	50.00	698
00/07/			Self-Pay						30.00	0.00	30.00	698
08/27/2		Proc: 99024	1	Po F-Up Vst Related To Orig	ginal Px		Diag	: 354.2	Units:	1 Charge:	0.00	
08/27/2		Proc: 91		Protector Heel Or Elbow Ea	ch		Diag	: 354.2	Units:	1 Charge:	50.00	
1020590	10/22/2012	12/07/2012		ul Dulberg	HSAVH	SDS		HSASC	116.00	0.00	116,00	613
10/22/2	013	D=== 00212	Self-Pay	0.00	•							010
10,22,2		Proc: 99213		Office Outpt Est15 Min			_	: 354.2	Units:	1 Charge:	116.00	
1023270	12/03/2012	01/10/2013	Self-Pay	ul Dulberg	HSAVH	SDS		HSASC	282.00	0.00	282.00	579
12/03/2	0 12	Proc: 99213	.,	Office Outpt Est15 Min				_				
12/03/2		Proc: 73080			. 2.10			726.32	Units;	1 Charge:	116.00	
1076080		02/08/2013	, 60330 pa	Radex Elbw Compl Minimum			-	726.32	Units:	1 Charge:	166.00	
	01/11/2015	02/00/2013	Self-Pay	Dulberg	HSAVH	SDS		HSASC	90.00	0.00	90.00	550
01/14/20	013	Proc: 99212	,	Office Outpt Est 10 Min			Dina	254.2				
208470		04/10/2013			HSAVH	SDS	-	354.2	Units:	1 Charge:	90.00	
	, ,	, , ,	Self-Pay	Daioo, g	HOMVII	303	1	HSASC	90.00	0.00	90.00	489
03/25/20	013	Proc: 99212		Office Outpt Est 10 Min			Diag:	354.2	Units:	1 Characi	00.00	
.345580	07/08/2013	08/09/2013	80330 Pau	l Dulberg	HSAVH	SDS	_	HSASC	275.00	1 Charge:	90.00	240
			Self-Pay	ŭ		000		ISASC	273.00	0.00	275.00	368
07/08/20		Proc: 99213		Office Outpt Est15 Min			Diag:	719.42	Units:	1 Charge:	116.00	
07/08/20		Proc: 20605		Arthrocnts Aspir&/Njx Intrm	Jt/Bursa			726.32	Units:	1 Charge:	159.00	
400320	08/26/2013		80330 Pau	_		SDS	_	ISASC	90.00	0.00	90.00	335
00/26/26	140		Self-Pay						22.00	0.00	20.00	JJJ
08/26/20	J13	Proc: 99212	1	Office Outpt Est 10 Min			Diag:	719.42	Units:	1 Charge:	90.00	
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Alexian Brothers Medical Group

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HAND SURGERY ASSOCIATES SC 37400 EAGLE WAY CHICAGO, IL 60678-1374

ADDRESS SERVICE REQUESTED

WE13 1003 0004274 220004274

ADDRESSEE

Due Date

03/27/13

>27723 2363265 001 092096

PAUL DULBERG 4606 HAYDEN MCHENRY, IL 60050

Statement Date

03/12/13

Page

CHECK CARD USING FO	PRINT
MASTERCARD	VISA VISA
CARD NUMBER	VERIFICATION #
CARDHOLDER NAME	EXP. DATE
SIGNATURE	AMOUNT

REMIT TO

Patient Balance

9189.00



Account #

80330

HAND SURGERY ASSOCIATES SC 37400 EAGLE WAY CHICAGO IL 60678-1374 ldallaallaladiahadlallalahaldiallaalladal

Show Amount

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Patient:	Paul Dulberg	· · · · · · · · · · · · · · · · · · ·	and the same of th		VIII	i enning	Credits	Amount
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01/14/13	99212	Office Outpt Est	10 Min		90.00			
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Office Phone Number

(847) 956-0099

HAND SURGERY ASSOCIATES SC 37400 EAGLE WAY CHICAGO, IL

60678-1374

Account Number:

80330

Office Phone Number:

(847)956-0099

Your prompt payment is greatly appreciated.

Ins. Pending:

0.00

Patient Balance:

Dulberg 005249

9189.00

27723 2363265 027724 027724 00001/00001 920966912

92096511028

Walmart Pharmacy

Store #: 1377 Report Date: 03/25/2013 Connexus Pharmacy System Wal-Mart Pharmacy10-1377 **Medical Expenses Summary**

Patient:

DULBERG, PAUL, 4606 HAYDEN CT MCHENRY IL-60051

Birthdate: 03/19/1970

Below is a list of your Pharmacy Orders for the date range of:01/01/2012 To 03/25/2013

Wal-Mart Pharmacy, 3801 RUNNING BROOK FARMS BLVD, JOHNSBURG IL-60051 NABP Number:1458074 ID: BW2107806 NPI Number:1588681852

Date Filled Date Written	Rx Fill ID	Drug Name NDC	Prescriber Physician NPI			Dispense As Written	Patient Paid TP Ref #
05/16/2012 05/16/2012	3420093	GABAPENTIN 300MG CAP 53746-0102-05	1811930811	60 0	30	0	\$ 25.79 WHI 94291
06/11/2012 06/11/2012	3435316	GABAPENTIN 600MG TAB 00228-2636-50	LEVIN,KAREN FAITH 1811930811	135 0	45	0	\$ 126.08 WHI 91281
07/09/2012 07/09/2012	4551869 3451595	HYDROCO/ACETAMIN 7.5-325MG TAB 00406-0366-01	SAGERMAN,SCOTT D 1841383031	25 0	4	0	\$ 16.11 WHI 97611
07/19/2012 07/19/2012		HYDROCO/ACETAMIN 7.5-325MG TAB 00406-0366-01	SAGERMAN,SCOTT D 1841383031	35 0	3	0	\$ 21.15 WHI 50281
08/02/2012 06/11/2012	3465201	GABAPENTIN 600MG TAB 00228-2636-50	LEVIN,KAREN FAITH 1811930811	135 1	45	0	\$ 126,08 WHI 03741
						<u> </u>	and the second
10/02/2012 06/11/2012	7552483 3500318	GABAPENTIN 600MG TAB 00228-2636-50	1811930811	135 2	45	0	\$ 126.08 WHI 08581
11/16/2012 06/11/2012	3527707	GABAPENTIN 600MG TAB 00228-2636-50	1811930811	135 3	45	0	\$ 126.78 WHI 12321181019701599
12/28/2012 06/11/2012	7552483 3553163	GABAPENTIN 600MG TAB 00228-2636-50	LEVIN,KAREN FAITH 1811930811	135 4	45	0	\$ 126.54 WHI 12363181103301099
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)2/09/2013)6/11/2012		GABAPENTIN 600MG TAB 00228-2636-50	LEVIN,KAREN FAITH 1811930811	135 5	45	0	\$ 126.68 WHI 13040180467801799
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	- 6		344	5			

Report Date: 03/25/2013

Attested To By:

Registered Pharmacist

Total: \$886.44

^{**}PRIVATE-IF YOU RECEIVE THIS REPORT IN ERROR, PLEASE RETURN TO WAL*MART PHARMACY IMMEDIATELY. WAL*MART STORES, INC.

Store #: 1377

Report Date: 03/25/2013

Connexus Pharmacy System Wal-Mart Pharmacy10-1377 **Medical Expenses Summary**

Patient:

DULBERG, PAUL, 4606 HAYDEN CT MCHENRY IL-60051

Birthdate: 03/19/1970

Below is a list of your Pharmacy Orders for the date range of:01/01/2012 To 03/25/2013

**PRIVATE-IF YOU RECEIVE THIS REPORT IN ERROR, PLEASE RETURN TO WAL*MART PHARMACY IMMEDIATELY. WAL*MART STORES, INC.

Misc. Expenses



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N. Richmond Rd. McHenry, IL - # 218

(815) 578-9700 meijer.com

Meijer Team appreciates your business 07/01/11 Your fast and friendly checkout was provided by Fastlane114

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See Service Desk or Meijer.com for motional and sale item return details.

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STATE OF ILLINOIS IN THE CIRCUIT COURT OF THE 22ND JUDICIAL CIRCUIT COUNTY OF McHENRY

PAUL DULBERG,)
Plaintiff,)) Case No. 12 LA 178
VS.	
DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually, Defendants.))))) AMENDED NOTICE OF) DISCOVERY DEPOSITION)
TO: Attorney Hans A. Mast Law Offices of Thomas J. Popovich 3416 West Elm Street McHenry, IL 60050	Attorney Perry A. Accardo Law Office of M. Gerard Gregoire 200 N. LaSalle Street, Suite 2650 Chicago, IL 60601-1092
On January 24, 2013, at 12:00 noon West Elm Street, McHenry, Illinois, the disconsefore a certified court reporter on oral interrogation.	n, at the Law Offices of Thomas J. Popovich, 3416 overy deposition of PAUL DULBERG will be taken gatories for discovery in this case.
Cicero, France, Barch & Alexander, P.C. 6323 East Riverside Blvd. Rockford, IL 61114 815/226-7700 fax: 226-7701	RON'ALD A. BARCH (6209572)
CERTIFIC	ATE OF SERVICE
I certify that on January 15, 2013, I so whom it is directed.	erved this notice by mailing a copy to each person to
cc: Deb Fisher Reporting	depnot2.plf (mj)

CICERO, FRANCE, BARCH & ALEXANDER, P.C.

A Professional Corporation Attorneys at Law 6983 East riverside boulevard ROCKFORD, ILLINOIS 61114

PAUL R. CICERO JOHN W. FRANCE RONALD A. BARCH CHARLES P. ALEXANDER

TEL: (615) 226-7700 FAX: (015) 226-7701

January 15, 2013

CHANTEL R. BIELSKIS ANDREW T. SMITH

> Attorney Hans A. Mast Law Offices of Thomas J. Popovich, PC 3416 West Elm Street McHenry, IL 60050 (also via fax)

Attorney Perry A. Accardo Law Office of M. Gerard Gregoire 200 N. LaSalle Street, Suite 2650 ·Chicago, IL 60601-1092 (also via fax)

Re:

Paul Dulberg v. David Gagnon, Caroline McGuire and Bill McGuire (McHenry County Case No. 12 LA 178)

Dear Counsel:

Per phone conversations and faxed correspondence with Attorney Mast's assistant, Sheila, on today's date, I am enclosing an amended deposition notice for Paul Dulberg for January 24, 2013, at 12:00 noon, to be taken in Attorney Mast's office. Also per our phone conversation, I am providing the following dates that I am presently available to take the defendants' depositions:

January 29, 2013 January 30, 2013

February 1, 2013 February 4, 2013

February 5, 2013

February 6, 2013

February 7, 2013 February 8, 2013

February 11, 2013

- February 12, 2013

February 14, 2013

My calendar fills up quickly as I am sure yours does. I would, therefore, ask that you let me know as soon as possible which dates work for you so that we can get the defendants' depositions scheduled on a date certain.

Very truly yours,

Cicero, France, Barch & Alexander, P.C.

RONALD A. BARCH

RB:mj/16tm.cc/encl

Tom Malatia (Claim No. 13-2779-11)

Bill and Carolyn McGuire

STATE OF ILLINOIS IN THE CIRCUIT COURT OF THE 22ND JUDICIAL CIRCUIT COUNTY OF McHENRY

PAUL DULBERG,)	
Plaintiff,)	Case No. 12 LA 178
VS.)	
DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually,)	
Defendants.)	

ANSWER TO DEFENDANT'S, DAVID GAGNON, INTERROGATORIES TO CO-DEFENDANT BILL McGUIRE

TO: Mr. David Gagnon c/o Attorney Perry Accardo Law Office of M. Gerard Gregoire 200 N. LaSalle St., Ste 2650 Chicago, IL 60601-1092

Defendant, BILL McGUIRE, by and through HIS attorneys, Cicero, France, Barch & Alexander, PC, and for HIS Answer to Defendant David Gagnon's Interrogatories to Co-Defendant Bill McGuire, states as follows:

1. State the full name of the Defendant answering as well as your current residence address, date of birth, marital status, driver's license number and issuing state, and the last four digits of your social security number, and, if different, give the full name as well as the current address, date of birth, marital status, driver's license number and issuing state, and social security number of the individual signing the answers.

ANSWER: Wil

William "Bill" McGuire

1016 W. Elder Avenue, McHenry, IL 60051

Married: Carolyn DOB: July 29, 1952

Defendant objects to providing driver's license information and Social Security Numbers. Such information is highly sensitive and private and is

furthermore irrelevant to any issues in the pending lawsuit.

2. State the full name and current residence address of each person who witnessed or claims to have witnessed the occurrence that is the subject of this suit.

ANSWER:

David Gagnon

39010 90th Place

Genoa City, WI 53128

Paul Dulberg 4606 Hayden

McHenry, IL 60051

3. State the full name and current residence address of each person not named (in 2) above who was present or claims to been present at the scene immediately before, at the time of or immediately after said occurrence.

ANSWER:

Before and After:

Bill and Carolyn McGuire 1016 W. Elder Avenue McHenry, IL 60051

4. As a result of said occurrence were you made a Defendant in any criminal or traffic case? If so, state the court, the case number, the charge or charges placed against you and whether or not you pleaded guilty thereto and the final disposition.

ANSWER: No.

5. Were you the owner of the chainsaw used in the alleged occurrence? If so, was said chainsaw repaired and, if so, when, where, and by whom and what was the cost of said repairs?

ANSWER:

Yes, I was the owner of the subject chain saw. It was new and therefore did not require any pre-occurrence repairs. It did not require any post-occurrence repairs either.

6. If you were the owner of the chainsaw in question, were you named or covered under any policy or liability insurance effective on the date of said occurrence and, if so, state the name of each such company, the policy number, the effective period, and the maximum liability limits for each person and each occurrence, including umbrella or excess insurance coverage, property damage and medical payment coverage.

ANSWER:

Yes, I was the owner of the subject chain saw.

Auto-Owners Insurance Company

Policy No. 48-010-965-01

Eff.: May 9, 2011 thru May 9, 2012

Personal Liability (Each Occurrence): \$300,000.00

Medical Payments (Each Person): \$1,000.00

- 7. Do you have any information tending to indicate:
 - (a) That any Plaintiff was, within the five years immediately prior to said occurrence confined in a hospital, treated by a physician or x-rayed for any reason other than personal injury? If so, state the Plaintiff so involved and give the name and address of each hospital, physician, technician or clinic, the approximate date of such confinement or service and state, in general the reason for such confinement or service.
 - (b) That any Plaintiff had suffered serious personal injury prior to the date of said occurrence? If so, state each Plaintiff so involved and state when, where, and, in general, how he or she was injured and describe, in general, the injuries suffered.
 - (c) That any Plaintiff has suffered either (a) any personal injury or (b) serious illness, since the date of said occurrence? If so, state each Plaintiff so involved and, for (a) state when, where and, in general how he or she was injured and describe, in general, thee injuries suffered and for (b) state when he or she was ill and describe, in general the illness.
 - (d) That any Plaintiff has ever filed any other suit for his or her own personal injuries? If so, state each Plaintiff so involved and give the court in which filed, the year filed and the title and docket number of said case.

ANSWER:

- a. On information and belief, the answering party believes that Paul Dulberg was involved in a motor vehicle accident that resulted in a shoulder injury of some sort. The answering party does not know of any other details about the auto accident or injuries, if any.
- b. See answer to Interrogatory No. 7(a).
- c-d. No.
- 8. Were any photographs, movies and/or videotapes taken of the scene of the occurrence or of the persons or vehicles involved? If so, state the date or dates on which such photographs, movies and/or videotapes were taken, the subjects thereof and who now has custody of them, and the name, address and occupation and employer of the person taking them.

ANSWER: None, other than those furnished as part of Plaintiff's discovery response.

- 9. Have you (or has anyone acting on your behalf) had any conversations with any person at any time with regard to the manner in which the occurrence complained of occurred, or have you overheard any statements made by any person at any time with regard to the injuries complained of by Plaintiff or the manner in which the occurrence complained of occurred? If the answer to this interrogatory is in the affirmative, state the following:
 - (a) The date or dates of such conversations and/or statements;
 - (b) The place of such conversations and/or statements;
 - (c) All persons present for the conversations and/or statements;
 - (d) The matters and things stated by the person in the conversations and/or statements;
 - (e) Whether the conversation was oral, and/or recorded; and
 - (f) Who has possession of the statement if written and/or recorded.

ANSWER: (a) thru (f):

On information and belief, David Gagnon and Paul Dulberg were present at the time of the alleged occurrence and therefore know the circumstances surrounding the occurrence. Answering further, Defendants Bill McGuire and Carolyn McGuire were not present at the time of the occurrence but knew that David Gagnon and Paul Dulberg were present on the date of the occurrence. From conversations with David Gagnon, the answering Defendant believes that Mr. Gagnon and Mr. Dulberg had been cutting logs and tree branches into smaller sections without incident. While in the process of cutting tree branches Paul Dulberg unexpectedly and without warning moved his right arm directly in the path of the running chain saw. Answering further, on information and belief, a few weeks after the subject occurrence Paul Dulberg did roofing work and moved heavy pieces of lumber for Mike Thomas, 460 Walbeck Drive, Twin Lakes, WI 53181 (312/961-9655). Investigation continues.

10. Do you know of any statements made by any person relating to the occurrence complained of by the Plaintiff? If so, give the name and address of each such witness and thee date of the statement, and state whether such statement was written and/or oral.

ANSWER: See response to Interrogatory No. 9.

11. Had you consumed any alcoholic beverage within twelve (12) hours immediately prior to the occurrence? If so, state the names and addresses of those from whom it was obtained, where it was consumed, the particular kind and amount of alcoholic beverage so consumed by you, and the names and current residence addresses of all persons known by you to have knowledge concerning the consumption of the alcoholic beverages.

ANSWER: Objection. This interrogatory seeks irrelevant information. Answering subject to said objection, no.

12. Have you ever been convicted of a misdemeanor involving dishonesty, false statement or a felony? If so, state the nature thereof, the date of the conviction, and the court and the caption in which the conviction occurred. For the purpose of this interrogatory, a plea of guilty shall be considered a conviction.

ANSWER: No.

13. Had you used drugs or medications within twenty-four (24) hours immediately prior to the occurrence? If so, state the names and addresses of those from whom it was obtained, where it was used, the particular kind and amount of drug or medication so used by you, and the names and current addresses of all persons known by you to have knowledge concerning the use of the drug or medication.

ANSWER: Objection. This interrogatory seeks irrelevant information. Answering subject to said objection, no.

14. Were you employed on the date of the occurrence? If so, state the name and address of your employer, and the date of employment and termination, if applicable. If your answer is in the affirmative, state the position, title and nature of your occupational responsibilities with respect to your employment.

ANSWER: Objection. This interrogatory seeks irrelevant information.

What was the purpose and/or use for which the chainsaw was being operated at the time of the occurrence?

ANSWER: At the time of the alleged occurrence, Defendants Bill McGuire and Carolyn McGuire were in the process of replacing an old shed on their property. Paul Dulberg helped David Gagnon tear down the old shed. The answering Defendant further believes that Mr. Dulberg took the components of the old shed to his property for eventual reassembly. On the date of the occurrence, Mr. Dulberg was helping David Gagnon take down several trees to make

room for a new shed. On information and belief, prior to the occurrence Mr. Gagnon and Mr. Dulberg had been cutting logs and tree branches into smaller sections without incident. While in the process of cutting tree branches Paul Dulberg unexpectedly and without warning moved his right arm directly in the path of the running chain saw.

16. State the names and address of all persons who have knowledge of the purpose for which the vehicle was being used at the time of the occurrence.

ANSWER: See answers to Interrogatory Nos. 2, 3 and 15.

17. Do you have any medical and/or physical condition which required a physician's report and/or letter of approval in order to drive? If so, state the nature of the medical and/or physical condition, the physician or other health care professional who issued the letter and/or report, and the names and addresses of any physician or other health care professional who treated you for this condition prior to the occurrence.

ANSWER: Objection. This interrogatory seeks irrelevant information. Defendant has not injected his driving capabilities as an issue in the case.

18. State the name and address of any physician, ophthalmologist, optician or other health care professional who performed any eye examination of you with the last five years and the dates of each such examination.

ANSWER: Objection. This interrogatory seeks irrelevant information. Defendant has not injected his eye sight as an issue in the case.

19. State the name and address of any physician or other health care professional who examined and/or treated you within the last 10 years and the reason for such examination and/or treatment.

ANSWER: Objection. This interrogatory seeks irrelevant information. Defendant has not injected his health as an issue in the case.

- 20. Pursuant to Illinois Supreme Court Rule 213(f), provide the following:
 - (a) List the name(s) and address(s) of each lay witness(s) and identify the subjects on which the witness(s) will testify;
 - (b) List the name(s) and address(s) of each independent witness(s) and identify the subjects on which the witness(s) will testify and the opinions that party expects to elicit;
 - (c) List the name(s) and address(s) of each controlled expert witness(s) and identify:
 - (i) The subject matter on which the witness(s) will testify;
 - (ii) The conclusions and opinions of the witness(s) and the bases therefore;
 - (iii) The qualifications of the witness(s), and
 - (iv) Any reports prepared by the witness(s) about the case.

ANSWER:

Illinois Supreme Court Rule 213(f)(1) - Lay Witnesses:

The answering party has not yet determined the identity of the witnesses that might be called upon to offer lay witness testimony and opinions at trial. However, each of the following individuals are possible trial witnesses:

- a. Paul Dulberg. Presumably, Mr. Kemp will testify about his age, education and work experience. He may testify concerning all the events and occurrences alleged in his complaint. He may also testify concerning his state of health before the events and occurrences alleged in his complaint, the injuries he attributes to the events and occurrences alleged in his complaint, and his current state of health. Lastly, it is anticipated that he will testify concerning all matters covered by his discovery responses and discovery deposition, if taken. Investigation continues.
- b. David Gagnon. The answering party does not know the specifics of Mr. Gagnon's potential trial testimony. Presumably, however, Mr. Gagnon will testify about his age, education and work experience. He may testify concerning his connection to Bill McGuire and Carolyn McGuire. He may testify concerning the events and occurrences alleged in Plaintiff's Complaint. He may also testify concerning observations he made about Mr. Dulberg's state of health before the events and occurrences alleged in Plaintiff's Complaint, observations he made about the injuries Mr. Dulberg attributes to the events and occurrences alleged in Plaintiff's Complaint, and observations he made about Mr. Dulberg's current state of health. Lastly, it is anticipated that he will testify concerning all matters covered by his discovery responses and discovery deposition, if taken. Investigation continues.

- c. Bill McGuire. If called upon to testify, Mr. McGuire will testify about his age, education and work experience. He will testify concerning his connection to David Gagnon and Carolyn McGuire. He may testify concerning the circumstances surrounding the occurrence alleged in Plaintiff's Complaint. He may also testify concerning observations he made about Mr. Dulberg's state of health immediately after and since the occurrence alleged in Plaintiff's Complaint, including observations he made about the injuries Mr. Dulberg attributes to the occurrence alleged in Plaintiff's Complaint. Lastly, it is anticipated that he will testify concerning all matters covered by his discovery responses and discovery deposition, if taken. Investigation continues.
- d. Carolyn McGuire. If called upon to testify, Mrs. McGuire will testify about her age, education and work experience. She will testify concerning her connection to David Gagnon and Bill McGuire. She may testify concerning the circumstances surrounding the occurrence alleged in Plaintiff's Complaint. She may also testify concerning observations she made about Mr. Dulberg's state of health immediately after and since the occurrence alleged in Plaintiff's Complaint, including observations she made about the injuries Mr. Dulberg attributes to the occurrence alleged in Plaintiff's Complaint. Lastly, it is anticipated that she will testify concerning all matters covered by her discovery responses and discovery deposition, if taken. Investigation continues.
- e. Mike Thomas. If called upon to testify, Mr. Thomas may testify about his age, education and work experience. He may testify concerning his connection to Paul Dulberg. He may also testify concerning observations he made about Mr. Dulberg's state of health after the occurrence alleged in Plaintiff's Complaint, including observations he made of Mr. Dulberg performing roofing work and moving lumber. Lastly, it is anticipated that he will testify concerning all matters covered in his discovery deposition, if taken. Investigation continues.

f. Investigation continues.

Illinois Supreme Court Rule 213(f)(2) - Independent Opinion Witnesses.

To the extent any of the individuals disclosed above as potential Rule 213(f)(1) witnesses also qualify for disclosure as an independent expert witness within the meaning of Illinois Supreme Court Rule 213(f)(2), the responding Defendants incorporate the above Rule 213(f)(1) disclosure as though fully and completely set forth herein as a Rule 213(f)(2) disclosure. Answering further, the responding Defendants further incorporate the identity and opinions of any medical provider that treated Plaintiff for injuries he claims are associated with the occurrence

alleged in his Complaint. For additional detail, see the medical records and materials produced by Plaintiff as part of his production response. Investigation continues.

Illinois Supreme Court Rule 213(f)(3) - Controlled Opinion Witnesses.

None at this time. Answering further, Defendants reserve the right to retain and disclose controlled opinion witnesses and will do so, if necessary, in accordance with all applicable court orders and discovery rules.

21. List the names and addresses of all other persons (other than yourself and persons heretofore listed) who have knowledge of the facts of said occurrence and/or of the injuries and damages claimed to have resulted therefrom.

ANSWER: None, other than as disclosed in response to the interrogatories above.

22. Identify any statements, information and/or documents known to you and requested by any of the foregoing Interrogatories which you claim to be work product or subject to any common law or statutory privilege, and with respect to each Interrogatory, specify the legal basis for the claim as required by Supreme Court Rule 201(n).

ANSWER: None at this time.

BILL MCGUIRE, Defendant, by his attorneys, CICERO, FRANCE, BARCH & ALEXANDER, P.C.,

Βv

RONALD A. BARCH (6209572)

Cicero, France, Barch & Alexander, P.C. 6323 East Riverside Blvd. Rockford, IL 61114 815/226-7700 815/226-7701 (fax)

STATE OF ILLINOIS)
COUNTY OF WINNEBAGO) SS)
BILL McGUIRE, being first	duly sworn on oath, deposes and states that he is one of the
defendants herein; that he has read the	he foregoing interrogatory answers; and that the interrogatory
answers herein are true, correct and co	omplete to the best of his knowledge and belief.
	20114.0
	Bill McGuire
0.1	
Subscribed and sworn to before me on the day September, 201	2.
•	
Notary Public	

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a copy of the foregoing document was

served upon:

Attorney Perry A. Accardo Law Office of M. Gerard Gregoire 200 N. LaSalle St., Ste 2650 Chicago, IL 60601-1092

Attorney Hans A. Mast Law Offices of Thomas J. Popovich 3416 West Elm Street McHenry, IL 60050

by depositing the same in the United States Post Office Box addressed as above, postage prepaid,

at Rockford, Illinois, at 5:00 o'clock p.m. on ___

~~~

Cicero, France, Barch & Alexander, P.C. 6323 East Riverside Blvd. Rockford, IL 61114 815/226-7700 815/226-7701 (fax)

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**Dulberg 005269** 

AUL DULBERG,

Plaintiff,

Vs.

DAVID GAGNON, Individually, and as
Agent of CAROLINE MCGUIRE and BILL

MCGUIRE, and CAROLINE MCGUIRE

and BILL MCGUIRE, Individually,

Defendants.

## ANSWER TO PLAINTIFF'S INTERROGATORIES TO DEFENDANTS BILL McGUIRE AND CAROLYN McGUIRE

TO: Paul Dulberg
c/o Attorney Hans A. Mast
Law Offices of Thomas J. Popovich
3416 West Elm Street
McHenry, IL 60050

Defendants, BILL McGUIRE AND CAROLYN McGUIRE (improperly named Caroline), by and through their attorneys, Cicero, France, Barch & Alexander, PC, and for their Answer to Plaintiff's Interrogatories, state as follows:

1. State the full name of the defendant(s) answering, as well as your current residence address, date of birth, marital status, and social security number, and, if different, give the full name, as well as the current residence address, date of birth, marital status, and social security number of the individual(s) signing these Answers.

ANSWER:

William "Bill" McGuire 1016 W. Elder Avenue McHenry, IL 60051 Married: Carolyn DOB: July 29, 1952 Carolyn McGuire 1016 W. Elder Avenue McHenry, IL 60051 Married: Bill November 26, 1946

Defendants object to providing Social Security Numbers. Such information is highly sensitive and private and is furthermore irrelevant to any issues in

the pending lawsuit.

2. State the full name and current residence address of each person who witnessed or claims to have witnessed the accident to the Plaintiff on the premises as described in the complaint.

ANSWER: David Gagnon

39010 90<sup>th</sup> Place

Genoa City, WI 53128

Paul Dulberg 4606 Hayden

McHenry, IL 60051

3. State the full name and current residence address of each person who witnessed or claims to have witnessed the work and/or conditions existing as described in the complaint at the location of the accident on the date of the accident described.

**ANSWER:** See answer to Interrogatory No. 2.

4. State the name and address of the person(s) or entity that owned the property premises whereat the accident occurred as alleged, as of the date in question.

ANSWER: Bill and Carolyn McGuire

1016 W. Elder Avenue McHenry, IL 60051

5. State the name and address of the person(s) or entity that was involved in the work and/or maintenance of the exterior of the premises as alleged on the date in question.

**ANSWER:** See response to Interrogatory No. 2.

6. State the name and address of the person(s) or entity that decided or chose to undertake the work and/or maintenance of the exterior of the premises as alleged on the date in question, including chain saw use and activity.

**ANSWER:** See response to Interrogatory No. 2.

7. State the name and address of the person(s) or entity that was to supervise or oversee the work and/or maintenance at the exterior of the premises as alleged on the date in question including chain saw use and activity.

ANSWER: See response to Interrogatory No. 2.

State the full name and current residence address of each person, who was present and/or 8. claims to have been present at the scene immediately before, at the time of, and/or immediately after said occurrence.

#### ANSWER:

Before:

William "Bill" McGuire 1016 W. Elder Avenue McHenry, IL 60051

David Gagnon 39010 90<sup>th</sup> Place Genoa City, WI 53128

At Time Of

Occurrence: David Gagnon

39010 90<sup>th</sup> Place Genoa City, WI 53128

After:

William "Bill" McGuire 1016 W. Elder Avenue McHenry, IL 60051

David Gagnon 39010 90th Place

Genoa City, WI 53128

Carolyn McGuire

1016 W. Elder Avenue McHenry, IL 60051

Paul Dulberg 4606 Hayden

McHenry, IL 60051

Paul Dulberg 4606 Hayden

McHenry, IL 60051

Carolyn McGuire 1016 W. Elder Avenue McHenry, IL 60051

Paul Dulberg 4606 Hayden McHenry, IL 60051

State the name and address of each witness that knows or claims to know the circumstances 9. of the alleged accident, how it occurred or how the Plaintiff became injured - as alleged in the Complaint.

ANSWER:

On information and belief, David Gagnon and Paul Dulberg were present at surrounding the occurrence. Answering further, Defendants Bill McGuire and Carolyn McGuire were not present at the time of the occurrence but knew that David Gagnon and Paul Dulberg were present on the data occurrence. From convergation Defendants believe that Mr. Gagnon and Mr. Dulberg had been cutting logs and tree branches into smaller sections without incident. While in the process of cutting tree branches Paul Dulberg unexpectedly and without warning moved his right arm directly in the path of the running chain saw. Investigation continues.

- 10. With respect to the chain saw that was being operated on the premises at the time of the alleged injury, state as follows:
  - a. Who was operating the chain saw at the time of the Plaintiff's alleged injury;
  - b. Who owned the chain saw at the time of Plaintiff's alleged injury;
  - c. who requested that the chain saw be used to perform work at the time of Plaintiff's injury.

#### ANSWER:

- a. On information and belief, David Gagnon was operating the chain saw at the time Mr. Dulberg was injured.
- b. Bill McGuire was the owner of the chain saw on the date of the occurrence.
- c. David Gagnon had Bill McGuire's permission to use the chain saw.
- 11. With respect to David Gagnon's experience in use of a chain saw prior to the date of the alleged accident, state as follows:
  - a. How many times had David Gagnon operated the same or similar chain saw prior to the date of alleged accident;
  - b. What formal training did David Gagnon receive in use or operation of a chain saw prior to the occurrence alleged;
  - c. Who, if any, (names and addresses) trained David Gagnon in use or operation of a chain saw prior to the occurrence.

#### ANSWER:

- a. Objection. This interrogatory is better directed to David Gagnon. Answering subject to objection, and to the best of the answering parties' knowledge, David Gagnon has used chain saws in the past but the answering parties do not known how often he has used chain saws in the past.
- b. Objection. This interrogatory is better directed to David Gagnon. Answering subject to objection, the answering parties do not know whether David Gagnon has been formally trained the use or operation of a chain saw. Answering further, the answering parties are aware that Mr. Gagnon has used chain saws many times in the past and he appears/appeared to know what he is doing.

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Mr. Dubling was not before the State dance many trans. Mr. Dubling was potentialed in Order to the was to the any more may be said that the stand of the stand o

- c. Objection. This interrogatory is better directed to David Gagnon. Answering subject to objection, the answering party do now know whether or by whom David Gagnon was trained in the use of chain saws. Answering further, the answering parties are aware that Mr. Gagnon has used chain saws many times in the past and he appears/appeared to know what he is doing.
- 12. What was the scope of work or task David Gagnon was engaged in with use of the chain saw at or about the time of the alleged accident.

#### ANSWER:

To the extent "scope of work" or "engaged" constitute legal conclusions, the answering Defendants object to Interrogatory No. 12. Answering subject to objection, at the time of the alleged occurrence, the answering Defendants were in the process of replacing an old shed on their property. Paul Dulberg helped David Gagnon tear down the old shed. The answering Defendants further believe that Mr. Dulberg took the components of the old shed to his property for eventual reassembly. On the date of the occurrence, Mr. Dulberg was helping David Gagnon take down several trees to make room for a new shed. On information and belief, prior to the occurrence Mr. Gagnon and Mr. Dulberg had been cutting logs and tree branches into smaller sections without incident. While in the process of cutting tree branches Paul Dulberg unexpectedly and without warning moved his right arm directly in the path of the running chain saw. Answering further, the answering Defendants did not engage, hire or pay either individual for their activities on site. Nor did either answering Defendant dictate, control or otherwise supervise the methods and means by which Mr. Gagnon and Mr. Dulberg performed the tree and branch cutting at issue.

13. Who (names and addresses) requested or chose to engage Gagnon in the "task" of use and operation of the chain saw at or about the time of the alleged accident.

#### ANSWER:

To the extent the words "chose" and "engage" constitute legal conclusions, the answering Defendants object to Interrogatory No. 13. Answering subject to objection, David Gagnon undertook the tree cutting and trimming in question as a favor to his parents. He was not engaged, hired or paid for the activities in question.

14. What instructions or guidance, if any, was given to Gagnon prior to Plaintiff's alleged injury/accident with regard to how he was to perform the chain saw work at the premises.

**ANSWER:** See response to Interrogatory No. 11.

STATE OF ILLINOIS

) SS

COUNTY OF MCHENRY

## IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUDICIAL DISTRICT MCHENRY COUNTY, ILLINOIS

PAUL DULBERG.

Plaintiff(s),

CASE NO. 12LA000178

VS.

DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually,

Defendant(s).

### ANSWERS TO CO-DEFENDANT INTERROGATORIES

The Defendant, DAVID GAGNON, in response to the Interrogatories propounded states as follows:

1. State the full name, present residence address and birth date of the person answering these Interrogatories.

ANSWER: David A. Gagnon, 39010 90<sup>th</sup> Place, Genoa City Wisconsin 53128 DOB: 4/3/1697

2. State your marital status on the date of the occurrence in question and, if married, your spouse's name and age on said date.

ANSWER: Married; Pamela Gagnon, 39010 90th Place, Genoa City Wisconsin 53128.

- 3. State the full name and present or last known address (indicating which) of each person who:
  - (a) Witnessed or claims to have witnessed the occurrence in question.
  - (b) Was present or claims to have been present at the scene immediately before said occurrence.
  - (c) Was present or claims to have been present immediately after said occurrence.
  - (d) Otherwise has or claims to have any knowledge of the facts or possible causes of the occurrence to include any damages or injuries alleged to have resulted from said occurrence.

ANSWER: David A. Gagnon, 39010 90th Place, Genoa City Wisconsin 53128; Paul Dulberg, 4606 Hayden Ct, McHenry Illinois 60050; Carolyn McGuire, 1016 W. Elder

EXHIBIT

See Gann

January

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Avenue, McHenry Illinois 60051; William McGuire, 1016 W. Elder Avenue, McHenry Illinois 60051.

State specifically and with certainty the personal injuries and property damage, if any, sustained by PAUL DULBERG as a result of said occurrence.

Defendant has no knowledge regarding the plaintiff's personal injuries and/or property damage claims. & Def-David Claims to Know Exectly
Pauls medical issues.

State whether PAUL DULBERG was hospitalized or had suffered any illness or personal 7. injury prior to or subsequent to the date of said occurrence, and if so, state the nature and date of each such hospitalization, illness or personal injury.

I do not know. - DAVID Claims to Know about Auto Accident A Verve Danage. Per Dep. Hospital Day whether PAUL DUI BERG on the Drove to Accident. ANSWER:

State whether PAUL DULBERG suffered any permanent scarring as a result of the 8. accident alleged in the complaint. If so, state the location of such scar, the width and length of such scar or scars. (Pursuant to Supreme Court Rule 214, please attach any photos of any such scar to your answers hereto.)

I do not know. - David witnessed Directly the Ben Do not know. - David with Powls FOREARM. Per Dep. ANSWER:

9. State whether prior to the accident alleged in the complaint PAUL DULBERG suffered any physical disability or impairment of any kind whatsoever. If so, state the nature of such physical disability or impairment and how PAUL DULBERG came to have such physical disability or impairment.

ANSWER: I do not know.

State the location of the alleged occurrence, pinpointing such location in feet, inches and direction from fixed objects or boundaries at the scene of the occurrence.

The accident occurred in front of my parent's home at 1016 W. Elder Avenue, ANSWER: McHenry Illinois 60051.

11. State with particularity the nature of the alleged defect, object substance or condition which caused the alleged occurrence giving the exact dimensions and physical description of such including the size, shape, color, height, length and depth of such defect or object.

ANSWER: Chainsaw, EFCO, Model # MT3500, 2.38 Cubic Inch, 16" blade.

State with particularity what PAUL DULBERG was doing at the time of the accident in the complaint.

This a limb, Per DAVID Dep. 12. alleged in the complaint.

ANSWER: He was helping me trim a tree by holding a branch

State with particularity what DAVID GAGNON was doing at the time of the accident alleged in the complaint.

ANSWER: "I was cutting through a branch with the chainsaw" - whole a lie

14. State with particularity the address for David Gagnon on June 28, 2011.

39010 90th Place, Genoa City Wisconsin 53128. ANSWER:

State with particularity all the reasons why PAUL DULBERG was present on the 15. premises known commonly as 1016 W. Elder Avenue, City of McHenry, County of McHenry,

premises known commonly as 1016 W. Elder Avenue, City of McHenry, County of McHenry, Illinois on the date of the alleged occurrence.

ANSWER: "I was trimming a tree for my parents.

State with particularity your basis for alleging that David Gagnon was working under the 17. supervision and control of Defendants Bill McGuire and Carolyn McGuire at the time of the occurrence, as asserted in your answer to Plaintiff's Complaint. NA - David Chained to be employed 34 Mebuires

State with particularity your basis for alleging that Defendants Bill McGuire and Carolyn McGuire instructed and/or advised David Gagnon in the use of a chain saw on or before the date of the occurrence, as asserted in your answer to Plaintiff's Complaint.

NAGIT Was Deboires chainsaw ANSWER:

State with particularity your basis for alleging that David Gagnon was under the supervision and control of Defendants Bill McGuire and Carolyn McGuire and working as their apparent and actual agent on the date of and at the time of the occurrence, as asserted in your E Dove Claimed to be employed answer to Plaintiff's Complaint.

ANSWER:

20. State with particularity any and all defects associated with the chain saw you believe or claim was involved in the occurrence alleged in Plaintiff's Complaint.

ANSWER: None.

State whether any photographs or videos were taken of the scene of the occurrence or of the persons, objects or premises involved, and if so, state the number of photographs or videos taken, their subject matter and who now has custody of them.

No. - worlt Anguer are none? ANSWER:

Pursuant to Supreme Court Rule 213(f), furnish the identity and addresses of witnesses who will testify at trial and the following information:

(a) For each lay witness, identify the subjects on which the witness will testify.

- (b) For each independent expert witness, identify the subjects on which the witness will testify and the opinions the party expects to elicit.
- (c) For each controlled expert witness, identify:
  - (i) the subject matter on which the witness will testify;
  - (ii) the conclusions and opinions of the witness and the bases therefor;
  - (iii) the qualifications of the witness; and
  - (iv) any reports prepared by the witness about .the case.

ANSWER: David A. Gagnon, 39010 90<sup>th</sup> Place, Genoa City Wisconsin 53128— This witness is expected to testify to any dangerous or defective condition that he saw and/or was aware of; his insurance policy and coverage; maintenance, repair and inspection of the chainsaw; as to any dangerous or defective area on the premises. This witness is also expected to testify regarding his observations of the plaintiff before, during and after the alleged occurrence; his understanding as to the facts of the accident; his observations of the scene and he is expected to testify as to any conversations which took place between the parties and witnesses. This witness is also expected to testify consistent with any testimony he may have given and/or may give at a discovery deposition.

Paul Dulberg, 4606 Hayden Ct, McHenry Illinois 60050—This witness is expected to testify to any dangerous or defective condition that he saw and/or was aware of; his relationship to the tenants of the building; his observations prior, during and after his alleged injury; the nature of his injury, medical bills, medical records and recovery; his understanding of his injury and recovery. This witness is also expected to testify to his understanding as to the facts of the accident; his observations of the scene and he is expected to testify as to any conversations which took place between the parties and witnesses. This witness is also expected to testify consistent with any testimony he may have given and/or may give at a discovery deposition.

Carolyn McGuire, 1016 W. Elder Avenue, McHenry Illinois 60051; William McGuire, 1016 W. Elder Avenue, McHenry Illinois 60051— These witnesses are expected to testify as to their ownership of the property in question; their insurance policy and coverage; their knowledge of the area, chainsaw and tree; maintenance, repair and inspection of the chainsaw; as to any violations the premises; as to any dangerous or defective area on the premises. These witnesses are also expected to testify regarding their observations of the plaintiff before, during and after the alleged occurrence; their understanding as to the facts of the accident; their observations of the scene and they are expected to testify as to any conversations which took place between the parties and witnesses. These witnesses are also expected to testify consistent with any testimony they may have given and/or may give at a discovery deposition.

Under penalties as provided by law pursuant to 735 ILCS 5/1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that he/she verily believes the same to be true.

DAVID GAGNON

I HEREBY CERTIFY that on 1/31/13, a true and correct copy of the foregoing Answers to Interrogatories were filed with the Clerk of the Circuit Court of McHenry County and a copy of same was also mailed to:

Hans A. Mast
Law Offices of Thomas J. Popovich, P.C.
3416 W Elm St
McHenry IL 60050

Attorney for Plaintiff(s) Paul Dulberg

Cicero, France, Barch & Alexander PC 6323 East Riverside Blvd Rockford, IL 61114

Attorney for Co-Defendants, Caroline and Bill McGuire

LAW OFFICE OF M/GERARD GREGOIRE 200 N LaSalle St Ste 2650

Chicago, IL 60601-1092/

Telephone: 3/2,538/9821

By:\ / ///////

PERRYA. ACCARDO

Firm No.: 46878

E-MAIL ADDRESS:

LLINOISLEGAL@ALLSTATE.COM

Attorney Bar No.: 6228720
Attorney for Defendant(s):

David Gagnon

STATE OF ILLINOIS )
SS
COUNTY OF MCHENRY )

# IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUDICIAL DISTRICT MCHENRY COUNTY, ILLINOIS

PAUL DULBERG.

Plaintiff(s),

CASE NO. 12LA000178

VS.

DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually,

Defendant(s).

#### ANSWERS TO CO-DEFENDANT INTERROGATORIES

The Defendant, DAVID GAGNON, in response to the Interrogatories propounded states as follows:

1. State the full name, present residence address and birth date of the person answering these Interrogatories.

ANSWER: David A. Gagnon, 39010 90th Place, Genoa City Wisconsin 53128 DOB: 4/3/1697

2. State your marital status on the date of the occurrence in question and, if married, your spouse's name and age on said date.

ANSWER: Married; Pamela Gagnon, 39010 90th Place, Genoa City Wisconsin 53128.

- 3. State the full name and present or last known address (indicating which) of each person who:
  - (a) Witnessed or claims to have witnessed the occurrence in question.
  - (b) Was present or claims to have been present at the scene immediately before said occurrence.
  - (c) Was present or claims to have been present immediately after said occurrence.
  - (d) Otherwise has or claims to have any knowledge of the facts or possible causes of the occurrence to include any damages or injuries alleged to have resulted from said occurrence.

ANSWER: David A. Gagnon, 39010 90<sup>th</sup> Place, Genoa City Wisconsin 53128; Paul Dulberg, 4606 Hayden Ct, McHenry Illinois 60050; Carolyn McGuire, 1016 W. Elder.

Avenue, McHenry Illinois 60051; William McGuire, 1016 W. Elder Avenue, McHenry Illinois 60051.

4. State specifically and with certainty the personal injuries and property damage, if any, sustained by PAUL DULBERG as a result of said occurrence.

ANSWER: Defendant has no knowledge regarding the plaintiff's personal injuries and/or property damage claims.

7. State whether PAUL DULBERG was hospitalized or had suffered any illness or personal injury prior to or subsequent to the date of said occurrence, and if so, state the nature and date of each such hospitalization, illness or personal injury.

# ANSWER: I do not know.

8. State whether PAUL DULBERG suffered any permanent scarring as a result of the accident alleged in the complaint. If so, state the location of such scar, the width and length of such scar or scars. (Pursuant to Supreme Court Rule 214, please attach any photos of any such scar to your answers hereto.)

#### ANSWER: I do not know:

9. State whether prior to the accident alleged in the complaint PAUL DULBERG suffered any physical disability or impairment of any kind whatsoever. If so, state the nature of such physical disability or impairment and how PAUL DULBERG came to have such physical disability or impairment.

#### ANSWER: I do not know.

10. State the location of the alleged occurrence, pinpointing such location in feet, inches and direction from fixed objects or boundaries at the scene of the occurrence.

ANSWER: The accident occurred in-front of my parent's home at 1016 W. Elder Avenue, McHenry Illinois 60051.

11. State with particularity the nature of the alleged defect, object substance or condition which caused the alleged occurrence giving the exact dimensions and physical description of such including the size, shape, color, height, length and depth of such defect or object.

# ANSWER: Chainsaw, EFCO, Model # MT3500, 2.38 Cubic Inch, 16" blade.

12. State with particularity what PAUL DULBERG was doing at the time of the accident alleged in the complaint.

ANSWER: He was helping me trim a tree by holding a branch.

13. State with particularity what DAVID GAGNON was doing at the time of the accident alleged in the complaint.

ANSWER: I was cutting through a branch with the chainsaw.

14. State with particularity the address for David Gagnon on June 28, 2011.

# ANSWER: 39010 90th Place, Genoa City Wisconsin 53128.

15. State with particularity all the reasons why PAUL DULBERG was present on the premises known commonly as 1016 W. Elder Avenue, City of McHenry, County of McHenry, Illinois on the date of the alleged occurrence.

## ANSWER: I asked him to help me trim the tree at my parents' home.

16. State with particularity all the reasons why DAVID GAGNON was present on the premises known commonly as 1016 W. Elder Avenue, City of McHenry, County of McHenry, Illinois on the date of the alleged occurrence.

#### ANSWER: I was trimming a tree for my parents.

17. State with particularity your basis for alleging that David Gagnon was working under the supervision and control of Defendants Bill McGuire and Carolyn McGuire at the time of the occurrence, as asserted in your answer to Plaintiff's Complaint.

#### ANSWER: N/A

18. State with particularity your basis for alleging that Defendants Bill McGuire and Carolyn McGuire instructed and/or advised David Gagnon in the use of a chain saw on or before the date of the occurrence, as asserted in your answer to Plaintiff's Complaint.

#### ANSWER: N/A

19. State with particularity your basis for alleging that David Gagnon was under the supervision and control of Defendants Bill McGuire and Carolyn McGuire and working as their apparent and actual agent on the date of and at the time of the occurrence, as asserted in your answer to Plaintiff's Complaint.

#### ANSWER: N/A

20. State with particularity any and all defects associated with the chain saw you believe or claim was involved in the occurrence alleged in Plaintiff's Complaint.

#### ANSWER: None.

21. State whether any photographs or videos were taken of the scene of the occurrence or of the persons, objects or premises involved, and if so, state the number of photographs or videos taken, their subject matter and who now has custody of them.

#### ANSWER: No.

- 22. Pursuant to Supreme Court Rule 213(f), furnish the identity and addresses of witnesses who will testify at trial and the following information:
  - (a) For each lay witness, identify the subjects on which the witness will testify.

- (b) For each independent expert witness, identify the subjects on which the witness will testify and the opinions the party expects to elicit.
- (c) For each controlled expert witness, identify:
  - (i) the subject matter on which the witness will testify;
  - (ii) the conclusions and opinions of the witness and the bases therefor;
  - (iii) the qualifications of the witness; and
  - (iv) any reports prepared by the witness about .the case.

ANSWER: David A. Gagnon, 39010 90<sup>th</sup> Place, Genoa City Wisconsin 53128— This witness is expected to testify to any dangerous or defective condition that he saw and/or was aware of; his insurance policy and coverage; maintenance, repair and inspection of the chainsaw; as to any dangerous or defective area on the premises. This witness is also expected to testify regarding his observations of the plaintiff before, during and after the alleged occurrence; his understanding as to the facts of the accident; his observations of the scene and he is expected to testify as to any conversations which took place between the parties and witnesses. This witness is also expected to testify consistent with any testimony he may have given and/or may give at a discovery deposition.

Paul Dulberg, 4606 Hayden Ct, McHenry Illinois 60050—This witness is expected to testify to any dangerous or defective condition that he saw and/or was aware of; his relationship to the tenants of the building; his observations prior, during and after his alleged injury; the nature of his injury, medical bills, medical records and recovery; his understanding of his injury and recovery. This witness is also expected to testify to his understanding as to the facts of the accident; his observations of the scene and he is expected to testify as to any conversations which took place between the parties and witnesses. This witness is also expected to testify consistent with any testimony he may have given and/or may give at a discovery deposition.

Carolyn McGuire, 1016 W. Elder Avenue, McHenry Illinois 60051; William McGuire, 1016 W. Elder Avenue, McHenry Illinois 60051— These witnesses are expected to testify as to their ownership of the property in question; their insurance policy and coverage; their knowledge of the area, chainsaw and tree; maintenance, repair and inspection of the chainsaw; as to any violations the premises; as to any dangerous or defective area on the premises. These witnesses are also expected to testify regarding their observations of the plaintiff before, during and after the alleged occurrence; their understanding as to the facts of the accident; their observations of the scene and they are expected to testify as to any conversations which took place between the parties and witnesses. These witnesses are also expected to testify consistent with any testimony they may have given and/or may give at a discovery deposition.

Under penalties as provided by law pursuant to 735 ILCS 5/1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that he/she verily believes the same to be true.

DAVID GAGNON

I HEREBY CERTIFY that on 1/31/13, a true and correct copy of the foregoing Answers to Interrogatories were filed with the Clerk of the Circuit Court of McHenry County and a copy of same was also mailed to:

Hans A. Mast
Law Offices of Thomas J. Popovich, P.C.
3416 W Elm St
McHenry IL 60050

Attorney for Plaintiff(s) Paul Dulberg

Cicero, France, Barch & Alexander PC 6323 East Riverside Blvd Rockford, IL 61114

Attorney for Co-Defendants, Caroline and Bill McGuire

LAW OFFICE OF M/GERARD GREGOIRE 200 N LaSalle St Ste 2650 Chicago, IL 60601-1092/ Telephone: 3/2-538/9821

By:

PERRYA. ACCARDO

Firm No.: 46878 E-XAIL ADDRESS:

ILINOISLEGAL@ALLSTATE.COM

Attorney Bar No.: 6228720 Attorney for Defendant(s): David Gagnon

Perry A. Accardo Mary Jo Bonantino Joseph P. Callahan Christine Chrobak-Wastyn Adam J. Coombe Valerie E. Davis Tanıny S. Doran Martin D. Kennelly David Killen Stephen G. Loverde

Law Office of M. Gerard Gregoire 200 North LaSalle Street, Suite 2650 Chicago, Illinois 60601-1092 Fax (312) 558-9357 STAFF COUNSEL

> Alistate Insurance Company Encompass Insurance Esurance Insurance Company All Attorneys are Employees of Allstate Insurance Company

This Office is not a Partnership or a Corporation

312-558-9849

Attorney Administrative Assistant 312-558-9821

Shannon M. McCabe Lucia Montaño Terry A. Mueller John H. Mullen Shoshan E. Reddington James J. Rosemeyer Mark A. Sukacz Sal C, Tramontana Stacy B. Walker Stewart M. Zelmar

> Paralegal 312-558-9846

January 31, 2013

Cicero, France, Barch & Alexander, P.C. 6323 East Riverside Blvd Rockford, IL 61114

Re: Dulberg vs. Gagnon, et al.

Court Number: 12LA000178 Date of Loss: June 28, 2011

Our File Number: 0245281968.1 SKO

#### Dear Counsel:

In response to your Notice to Produce, dated 10/1/2012, please be advised that we have none of the material requested except the following:

- None other than those received via Compex subpoena; parties had notice of said subpoena. 1.
- 2. Please see response to request number 1 above.
- 3. None.
- 4. None.
- Please see response to request number 1 above. 5.
- 6. None.
- 7. None.
- None. 8.
- 9. None.

I, Perry A. Accardo, regarding my letter to Ronald A. Barch, Attorney(s) at Law, dated January 31, 2013, state that it is complete and in compliance with Supreme Court Rule 214 in disclosing discovery material in my possession requested by the Production Notice propounded on 10/1/2012, by Ronald A.Barch.

Sincere

Hans A. Mast

Law Offices of Thomas J. Popovich, P.C.\*

3416 W Elm St McHenry, IL 60050

# STATE OF ILLINOIS IN THE CIRCUIT COURT OF THE 22<sup>ND</sup> JUDICIAL CIRCUIT COUNTY OF McHENRY

| PAUL DULBERG,                                                                                                                                | )                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| Plaintiff,                                                                                                                                   | ) Case No. 12 LA 178                               |
| vs.                                                                                                                                          | ) ANSWER TO COMPLAINT - DEFENDANT BILL McGUIRE AND |
| DAVID GAGNON, Individually, and as<br>Agent of CAROLINE MCGUIRE and BILL<br>MCGUIRE, and CAROLINE MCGUIRE<br>and BILL MCGUIRE, Individually, | DEFENDANT CAROLYN McGUIRE  ) ) )                   |
| Defendants,                                                                                                                                  | )                                                  |

#### ANSWER TO COUNT I

Defendants, BILL McGUIRE and CAROLYN McGUIRE, make no response to Count I of Plaintiff's Complaint inasmuch as said allegations are directed at a separate and distinct Defendant.

#### ANSWER TO COUNT II

Defendants, BILL McGUIRE AND CAROLYN McGUIRE (improperly named Caroline), by and through their attorneys, Cicero, France, Barch & Alexander, PC, and for their Answer to Count I of Plaintiff's Complaint, state as follows:

- 1. Defendants admit the allegations of paragraph one (1).
- 2. Defendants admit that on June 28, 2011, they owned and lived in a single family home located at 1016 W. Elder Avenue, City of McHenry, County of McHenry, Illinois. Defendants neither admit nor deny the remaining allegations set forth in paragraph two (2) as said allegations call for the admission of a conclusion of law rather than an allegation of fact.
- 3. Defendants deny the allegations of paragraph three (3).
- 4. Defendants deny the allegations of paragraph four (4).
- 5. Defendants admit that on June 28, 2011, Defendant David Gagnon was engaged in cutting, trimming and maintaining trees and brush on the premises at 1016 W. Elder

Avenue, in the City of McHenry, County of McHenry, Illinois. Defendants admit that David Gagnon was doing so at their request, with their authority and permission and for their benefit. Defendants deny the remaining allegations of paragraph five (5).

- 6. Defendants admit that Defendant David Gagnon used a chain saw from time to time on June 28, 2011. Defendants admit that they owned a chain saw on June 28, 2011. Defendants deny the remaining allegations of paragraph six (6).
- 7. Defendants deny the allegations of paragraph seven (7).
- 8. Defendants deny the allegations of paragraph eight (8).
- 9. The answering Defendants were not present and therefore lack sufficient information upon which to form a belief as to the truth of the allegations set forth in paragraph nine (9). Defendants therefore neither admit nor deny said allegations but demand strict proof thereof.
- 10. The answering Defendants were not present and therefore lack sufficient information upon which to form a belief as to the truth of the allegations of paragraph ten (10). Defendants therefore neither admit nor deny said allegations but demand strict proof thereof.
- 11. Defendants deny the allegations of paragraph eleven (11).
- 12. Defendants deny the allegations of paragraph twelve (12).
- 13. The answering Defendants were not present and therefore lack sufficient information upon which to form a belief as to the truth of the allegations of paragraph thirteen (13). Defendants therefore neither admit nor deny said allegations but demand strict proof thereof.
- 14. The answering Defendants were not present and therefore lack sufficient information upon which to form a belief as to the truth of the allegations of paragraph fourteen (14). Defendants therefore neither admit nor deny said allegations but demand strict proof thereof.

- 15. Defendants make no response to the allegations set forth in paragraph fifteen (15) as said allegations call for the admission of a conclusion of law rather than an allegation of fact.
- 16. Defendants admit that at all relevant times they owned and lived in the premises that are the subject of Plaintiff's Complaint. Defendants neither admit nor deny the remaining allegations set forth in paragraph sixteen (16) as said allegations call for the admission of a conclusion of law rather than an allegation of fact.
- 17. Defendants make no response to the allegations set forth in paragraph fifteen (15) as said allegations call for the admission of a conclusion of law rather than an allegation of fact.
- 18. Defendants deny the allegations of paragraph eighteen (18).
- 19. Defendants admit that Defendant David Gagnon used a chain saw from time to time on June 28, 2011. The answering Defendants were not present and therefore lack sufficient information upon which to form a belief as to whether Defendant David Dagnon was operating a chain saw with the assistance of Plaintiff Paul Dulberg. Defendants neither admit nor deny the remaining allegations set forth in paragraph nineteen (19) as said allegations call for the admission of a conclusion of law rather than an allegation of fact.
- 20. Defendants make no response to the allegations set forth in paragraph twenty (20) as said allegations call for the admission of a conclusion of law rather than an allegation of fact.
- 21. Defendants deny the allegations of paragraph twenty-one (21).
- 22. Defendants deny the allegations of paragraph twenty-two (22).

WHEREFORE, the Defendants, BILL McGUIRE and CAROLYN McGUIRE, pray the court dismiss Count I of Plaintiff's Complaint and enter judgment for the Defendants for their costs of suit.

#### **Defendants Hereby Demand A Trial By Jury**

CAROLYN MCGUIRE and BILL MCGUIRE, Defendants, by their attorneys, CICERO, FRANCE, BARCH & ALEXANDER, P.C.,

By

RONALD A. BARCH (6209572)

Cicero, France, Barch & Alexander, P.C. 6323 East Riverside Blvd.
Rockford, IL 61114
815/226-7700
815/226-7701 (fax)

| STATE OF ILLINOIS   | )    |
|---------------------|------|
|                     | ) SS |
| COUNTY OF WINNEBAGO | )    |

RONALD A. BARCH, being first duly sworn on oath, deposes and states that he is one of the attorneys for the Defendants, BILL McGUIRE and CAROLYN McGUIRE, that he has read the foregoing Answer signed by him; that the allegations as to insufficient knowledge are true to the best of his knowledge and belief.

RONALD A. BARCH

Subscribed and sworn to before me on Out 10, 2012

Notary Public

OFFICIAL SEAL TINA A FINK OTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:07/05/14

#### CERTIFICATE OF SERVICE

The undersigned hereby certifies that a copy of the foregoing document was

### served upon:

Attorney Hans A. Mast Law Offices of Thomas J. Popovich 3416 West Elm Street McHenry, IL 60050

by depositing the same in the United States Post Office Box addressed as above, postage prepaid,

at Rockford, Illinois, at 5:00 o'clock p.m. on 7/10/12

Cicero, France, Barch & Alexander, P.C. 6323 East Riverside Blvd. Rockford, IL 61114 815/226-7700 815/226-7701 (fax)

Dulberg 005294

### STATE OF ILLINOIS IN THE CIRCUIT COURT OF THE 22<sup>ND</sup> JUDICIAL CIRCUIT COUNTY OF McHENRY

| PAUL DULBERG,                                                                                                                       | )     |                |       |
|-------------------------------------------------------------------------------------------------------------------------------------|-------|----------------|-------|
| Plaintiff,                                                                                                                          | )     | Case No. 12 LA | ¥ 178 |
| vs.                                                                                                                                 | )     |                |       |
| DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually, | ) ) ) |                |       |
| Defendants.                                                                                                                         | )     |                |       |

#### **DEMAND FOR JURY**

The Defendants, BILL McGUIRE and CAROLYN McGUIRE (improperly named Caroline), in the above-entitled cause, hereby demand a jury for the trial of said cause.

CAROLYN MCGUIRE and BILL MCGUIRE, Defendants, by their attorneys, CICERO, FRANCE, BARCH & ALEXANDER, P.C.,

Ву

RONALD A. BARCH (6209572)

Cicero, France, Barch & Alexander, P.C. 6323 East Riverside Blvd. Rockford, IL 61114 815/226-7700 815/226-7701 (fax)

#### **CERTIFICATE OF SERVICE**

The undersigned hereby certifies that a copy of the foregoing document was served upon:

Attorney Hans A. Mast Law Offices of Thomas J. Popovich 3416 West Elm Street McHenry, IL 60050

Cicero, France, Barch & Alexander, P.C. 6323 East Riverside Blvd. Rockford, IL 61114 815/226-7700 815/226-7701 (fax)

| STATE OF ILLINOIS |   |
|-------------------|---|
|                   | ) |
| COUNTY OF MCHENRY | ) |

# IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUDICIAL DISTRICT MCHENRY COUNTY, ILLINOIS

SS

PAUL DULBERG,

Plaintiff(s),

vs.

DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually,

Defendant(s).

CASE NO.: 12 LA 178

SEP 05 2012

KATHERINE M. KOMPE MCHENTY CTY. GTR. GLX.

AMOUNT CLAIMED: \$50,000

#### **APPEARANCE**

PLEASE TAKE NOTICE that the undersigned hereby appears as counsel for Defendant(s), DAVID GAGNON, in the above entitled cause.

I certify that a copy of the within instrument was served on all parties who have appeared and have not heretofore been found by the Court to be in default for failure to plead.

LAW OFFICE OF M. GERARD GREGOIRE

200 N LaSalle St Ste 2650

Chicago, IL 60601-1092

Telephone) 31/2/55/8/9/82

By:

PERRY A. ACCARDO

Firm No.: 46878

Attorney Bar No.: 6228720 Artorney for Defendant(s):

David Gagnon

| * ↓                            |       | *                                                    | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| STATE OF ILLINOIS              | )     |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| COUNTY OF MCHENRY              | )     |                                                      | TO SHARE THE PARTY OF THE PARTY |
| IN THE CIRCUIT COURT O         | тт яс | E TWENTY-SECOND JUDICIAL DISTI<br>COUNTY, ILLINOIS   | RICT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| McH                            | ENRY  | COUNTY, ILLINOIS                                     | SEP 05 2012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                |       | · · · <b>,</b> — · · · ·                             | WARREST SA KERRET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| PAUL DULBERG,                  |       |                                                      | MCHENRY CTY. CIR. CLX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| Plaintiff(s),                  |       | CASE NO. 12 LA 178                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| XIG.                           |       | AMOUNT CLAIMED: \$50,000                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| VS.                            |       |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| DAVID GAGNON, Individually, an | d as  |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Agent of CAROLINE MCGUIRE at   |       |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| BILL MCGUIRE, and CAROLINE     |       |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| MCGUIRE and BILL MCGUIRE,      |       |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Individually,                  |       |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Defendant(s).                  |       | ]                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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|                                |       | RY DEMAND                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                | 12 P  | ERSON JURY                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| The Defendant(s), DAVID G      | AGNO  | N demand(s) a trial by jury                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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|                                |       | LAW OFFICE OF M. GERAND GREGOR                       | RE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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|                                |       | $_{\mathrm{Bv}}$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

Firm No.: 46878 Attorney Bar No.: 6228720 Attorney for Defendant(s):

David Gagnon

LAW OFFICE OF M. GERARD GREGOIRE 200 N LaSalle St Ste 2650 Chicago, IL 60601-1092

Telephone: 312-558-9821

| STATE OF ILLINOIS | )    |
|-------------------|------|
|                   | ) SS |
| COUNTY OF MCHENRY | )    |

## IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUDICIAL DISTRIC McHENRY COUNTY, ILLINOIS

PAUL DULBERG,

Plaintiff(s),

CASE NO. 12LA000178

vs.

DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually,

Defendant(s).

#### ANSWER TO COMPLAINT

Defendant(s), DAVID GAGNON, by and through the undersigned counsel, answer(s) the Complaint as follows:

Defendant(s) deny/denies the allegation(s) in all paragraphs unless otherwise specifically admitted.

#### COUNT I.

- 1. Defendant admits each and every allegation as set forth in paragraph one.
- 2. Defendant admits each and every allegation as set forth in paragraph two.
- 3. Defendant denies each and every allegation as set forth in paragraph three.
- 4. Defendant denies each and every allegation as set forth in paragraph four.
- 5. Defendant admits each and every allegation as set forth in paragraph five.
- 6. Defendant admits each and every allegation as set forth in paragraph six.
- 7. Defendant admits each and every allegation as set forth in paragraph seven.
- 8. Defendant admits each and every allegation as set forth in paragraph eight.
- 9. Defendant admits asking Plaintiff to assist in trimming a tree/branch.
- 10. Defendant admits contact between the chainsaw and the Plaintiff.
- 11. Defendant denies each and every allegation as set forth in paragraph eleven.
- 12. Defendant admits to his legally mandated duty to the Plaintiff under Illinois Law but herein denies committing any breach whatsoever of said duty to the Plaintiff.

- 13. Defendant denies each and every allegation as set forth in paragraph thirteen. Further answering, Defendant denies remaining allegations as set forth in sub-paragraphs (a) through (e).
  - 14. Defendant denies each and every allegation as set forth in paragraph fourteen.
  - 15. Defendant denies each and every allegation as set forth in paragraph fifteen.

#### COUNT II.

Defendant makes no answer to the allegations set forth in Count II. of the Plaintiff's Complaint at Law as the allegations contained therein are not directed against this Defendant.

WHEREFORE, Defendant(s) pray(s) for judgment and costs in this lawsuit.

#### AFFIRMATIVE DEFENSE

Defendant(s) DAVID GAGNON, by and through the undersigned counsel, and pursuant to 735 ILCS 5/2-613d, as an Affirmative Defense state(s) and allege(s) as follows:

- 1. That before and at the time of the occurrence it was the duty of the Plaintiff to use ordinary care for the safety of the Plaintiff(s).
- 2. That the negligence of the Plaintiff was the proximate cause of the occurrence and the injuries or damages alleged.
- 3. That the Plaintiff was guilty of one or more of the following negligent acts or omissions which were the proximate cause of the injuries or damages alleged:
  - a) Failed to use caution while assisting Defendant trimming a tree and branches.
  - b) Failed to proceed with caution when Plaintiff knew or should have known that a danger;
  - Was inattentive and unobservant to surrounding conditions while assisting with the trimming of the branches/trees;
  - d) Was otherwise careless and negligent as will be demonstrated by evidence at trial.
- 4. That the negligence of the Plaintiff exceeded 50% of the proximate cause of the alleged injuries and, therefore, pursuant to 735 ILCS 5/2-1116, the Plaintiff is barred from recovery.
- 5. Pleading in the alternative, the negligence of the Plaintiff contributed in whole or in part to the injury of which Plaintiff complains.

WHEREFORE, Defendant(s) pray(s) that the Complaint at Law be dismissed should the finder of fact determine that the negligence of the Plaintiff exceeded 50% of the proximate cause of the alleged injuries of the Plaintiff; or, in the alternative, that any judgment entered in favor of the Plaintiff and against the Defendants(s), DAVID GAGNON, be reduced in proportion to the percentage of fault attributed by the trier of fact to the negligence acts and omissions of the Plaintiff.

PÈRRY A' ACCARDO ATTORNEY AT LAW

I HEREBY CERTIFY that on September 5, 2012, a true and correct copy of the foregoing Answer and Affirmative Defenses filed with the Clerk of the Circuit Court of McHenry County and mailed to:

Hans A. Mast Law Offices of Thomas J. Popovich, P.C. 3416 W Elm St McHenry IL 60050

Attorney for Plaintiff(s) Paul Dulberg

Cicero, France, Barch & Alexander PC 6323 East Riverside Blvd Rockford, IL 61114

Attorney for Co-Defendants, Caroline and Bill McGuire

LAW OFFICE OF M. GERARD GREGOIRE

200 N. LaSalle St Ste 2650

Chicago, IL 60601-1992

Telephone: 3/12-\$58-\$

By: \ ( ////// PERRY A. ACCAR

Firm No.: <u>46878</u>

Attorney Bar No.: 6228720 Attorney for Defendant(s):

David Gagnon

# STATE OF ILLINOIS IN THE CIRCUIT COURT OF THE 22<sup>ND</sup> JUDICIAL CIRCUIT COUNTY OF McHENRY

| PAUL DULBERG,                                                                                                                       | )                    |
|-------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| Plaintiff,                                                                                                                          | ) Case No. 12 LA 178 |
| VS.                                                                                                                                 | )                    |
| DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually, | )<br>)<br>)<br>)     |
| Defendants.                                                                                                                         | )                    |

#### **APPEARANCE**

We hereby enter our Appearance for the Defendants, CAROLINE MCGUIRE and BILL MCGUIRE, in the above-entitled cause.

CAROLINE MCGUIRE and BILL MCGUIRE, Defendants, By CICERO, FRANCE, BARCH & ALEXANDER, P.C., their Attorneys

By RONALD A. BARCH (6209572)

Cicero, France, Barch & Alexander, P.C. 6323 East Riverside Blvd.
Rockford, IL 61114
815/226-7700 fax: 815/226-7701



July 28, 2011

Mr. Hans Mast 3416 W. Elm Street McHenry, IL 60050

RE: Paul Dulberg

Dear Mr. Mast,

Mr. Dulberg was previously seen by my associate, Dr. Mitchell Grobman, in 2002 for left ulnar neuropathy, and had surgery and essentially became asymptomatic by 2007 and who had never had difficulty in his right arm. Approximately a month prior to the evaluation, he had been holding a branch for a neighbor when the chainsaw came up and cut his right forearm. He was taken to Northern Illinois Medical Center where they put in inner stitches in the muscle and outer stitches. He originally had very significant pain, but as the pain was getting better, he started noticing that he had numbness in his fifth digit in the inner aspect of his forearm. He had not been dropping things. It was mostly just a tingling and a numb feeling. He denies ever having any right-sided symptoms or rightsided injuries. His examination was significant for a healing scar in the right forearm and for decreased light touch, pinprick, and temperature sensation in the ulnar distribution of the right arm. His strength was normal. Given the distribution, it was felt that this was a branch neuropathy to the sensory nerves. I did have him undergo nerve conductions to make sure that the median and ulnar nerves were all without involvement and they were. I recommended that he see a hand surgeon as well just to be certain that there were no other treatment options for him; however, most likely this was just a sensory branch neuropathy that may improve or may result in permanent numbness in the distribution that he was showing numbness. Mr. Dulberg should followup if any additional symptoms develop or if he wished to try any neuropathic pain treatment if it became painful and not just numb.

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(avin, MI) (mdm) Karen F. Levin, M.D.

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(Ovin, M) (mdm) Karen F. Levin, M.D.

# MEDICAL HISTORY

| Initial Symptoms Onset: (mimediate) Gradual Date of Injury 6/28/2011  H Year old B/L/A handed FM.)  Pabient to 5 month old of Locerotion to choin son hole to fore own to it was 80 toved to the ER. Pt was no hole to fore own to it was to the ent never due to thooking down own to sleep distorburce bloo in terfering with 40% of from danger to it was well-dake of wyring.  Current Symptoms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | bone or                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| Current Symptoms  Location: Right FOREARM UUNACSIN.  Pain: Mild Moderate Severe Intermitted Continuous Sleep disturbance Sensory: Th 1 MRS Trucking Work Numbers Tingling Paresthesias Other: Swelling Stiffness Triggering Crepitus  Crepitus  Carret  Left Mild Moderate Severe Intermitted Continuous Sleep disturbance Sensory: Th 1 MRS Intermittent Continuous Numbers Tingling Paresthesias Swelling Stiffness Triggering Crepitus  Crepitus | nem Levins                            |
| Cold intolerance Color Change  Mass  Previous similar symptoms / injure XI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | toreary ()                            |
| Current Medications: Antibiotics NSAIDs Pain Medication Name/Route/Frequency NAPROXIN for NECK 5 dependent for the Circ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | e internatent                         |
| Previous Surgery: No (Fes ULUAL NARULE TRAILS POS 1 TION ( of the surgery of the | Shading pains<br>- N/T<br>interaction |
| Height 5 10 Weight 165 BMI  Occupation/Hobbies: Grophic design  Referred By 100. LENIN.  Age 131                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | & thereing                            |
| Examined in the presence of Name: DOLBIRG PAUL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Froments)                            |

# KAREN FAITH LEVIN, M.D.

# Dulberg

#### CURRICULUM VITAE

**Business Address:** 

Associated Neurology, S.C.

1900 Hollister Drive

Suite 250

Libertyville, IL 60048

Date of Birth:

August 25, 1964

### **EXPERIENCE**

Neurologist, Associated Neurology, S.C., July 1994 - present.

Instructor, Department of Neurology, Northwestern University McGaw Medical Center, July 1993 - June 1994.

Disability Examiner, Neurology, Veterans Administration Lakeside Hospital, July 1992 - July 1994.

#### **EDUCATION**

Fellowship - Neurophysiology/Epilepsy, Northwestern University McGaw Medical Center, Chicago, Illinois, 1993 - 1994.

Chief Resident, Neurology - Northwestern University McGaw Medical Center, Chicago, Illinois, 1992-1993.

Residency - Department of Neurology, Northwestern University McGaw Medical Center, Chicago, Illinois, 1990 - 1993.

Internship - Department of Medicine, St. Joseph Hospital, Chicago, Illinois, 1989 - 1990.

Doctor of Medicine, Northwestern University Medical School, Chicago, Illinois, 1989.

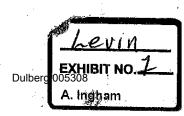
Undergraduate, Northwestern University, Evanston, Illinois, 1982 - 1985.

## **BOARD CERTIFICATION**

Board Certified in Neurology, American Board of Psychiatry and Neurology, 1998. Board Re-Certified in Neurology, American Board of Psychiatry and Neurology, 2008

#### LICENSURE

Illinois #: 036-084202



KAREN F. LEVIN, M.D. PAGE - 2

# PROFESSIONAL SOCIETIES

American Medical Association Illinois State Medical Society Lake County Medical Society American Academy of Neurology

#### HÖNORS

Alpha Lambda Delta Honor Society Phi Eta Sigma Honor Society Phi Beta Kappa Honor Society

## COMMITTEE APPOINTMENTS

Village of Skokie Board of Health, Commissioner, 1988 - 1992.

Ethics Committee, Condell Memorial Center, 1994 - 1998, Chairman 1996 - 1998.

Patient's Rights Committee, Condell Memorial Center, 1996 - 1998.

Patient Care Committee, Condell Memorial Center, 1996 - 1998.

Department of Medicine, Condell Medical Center, Vice Chairman, 1998 - 2000.

Credentials Committee, Condell Medical Center, 1998 - 2000.

American Stroke Association, Operation Stroke Committee,

Clinical Coordinator, Condell Medical Center, 2002 - 2006.

## HOSPITAL AFFILIATIONS

Advocate Condell Medical Center

#### **PUBLICATIONS**

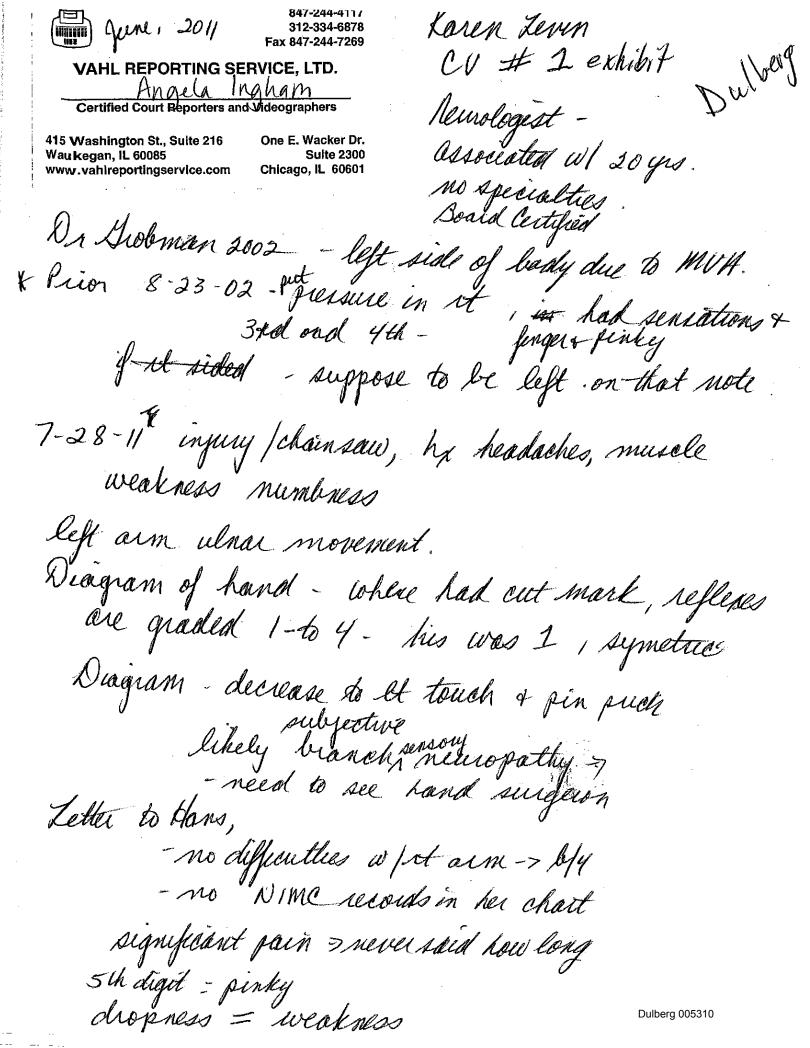
EMG Localization of Seventh Nerve Synkinetic Pathways, Abstract: <u>Muscle & Nerve</u>, September 1994, Presentation: American Association of Electrodiagnostic Medicine, October 1994.

Factors Influencing Patient's Perception of Pain During Neurodiagnostic Testing (EMGNCS), Abstract: Muscle & Nerve, September 1994, Presentation: American Association of Electrodiagnostic Medicine, October 1994.

### **INVITED LECTURES**

Epilepsy and Woman - Lake Forest Medical Hospital-03/1997 and 11/1997 New Advances in Migraine - American Academy of Family Practice Annual Meeting, 1997.

January 2013



Mostly tengling & numb jeeling New conduction = Emg 8-10-11 Eng-One we conduction. - showed that news were all conduction. - showed that news were all conduction. Tonly hard new conduction. only looks at big newes not the new endings - not test to differentiate nerve endings 8-10-11 - see hand surgeon. to make sure there was anything else to be done Hand surgeon - Oce 2, 11 Mid america no evid of levice 7 C/o's at Musclar no surgery 2-29-12 De Lagerman-hand surgeon Or Leck sent to Lagueman scar, tenderness & sensaturity & ley elbow partial ulnar nerve injury. Ind Eng. 3-13-12 came back to Levin - normal, both parts done. 5-16-12 spoke to Sagerman, wants nueropathic pain medicine allo spoke to Sageman in 2013 -I he worked

New sympton of contractors - hand cramping up.

Levin 1st saw in 8,2013

T said been having since actid.

Jacob 2-4-13 Grow 5-16-12 8-14-13

> 7-28-11 8-10-11 1-30-12 2-13-12 3-13-12 5-16-12 7-26-12 7-31-12

July 28. 2011, handwritten notes - sheet of diagram a her letter 8-10-11 - letter put together - note likely he would improve over the several months, most bleon to mons + a year. clos of maring in letter may result in permanent numbres cutting a nerve can eause numbress Pain getting better noticed numbress of tengling no Clo's of pain on 7-28, & 8-10 1-30-12 - therapist asked him to be se-evaluated PT-not her recommendation Would defects hand specialist re: PT Di has therapy notes from Dynamic Therapy Re evaluation, numbress + tingling if bent little finger made pain worse wanted to see if disc disease was due so to aim. She did not help w/ disability

TT40 Neck pain - also on health questionance of 2003 C8 - cervical but Eng was normal

Burning 40's - in july a august tengling - lut it is all lumped logether same area & of where he Go. Exam - decreased strength in moving little finger > subjective 5th digit flered 7 pain in arm - Sulyestwe Don't know why? recomended MRI of fore arm: scar raised, could be a nuroma MRI - no nueromas, normal tendens 2-13-12 suggestles get 3 il opinion w/ Sagerman On Reven dia not know why To getting 3-13-12 back for Emg 5-4-12 records released to Papariet 5-16-12 Lagumon wanted pain therapy. Haben pentent - for works on newe stops jumping of news. well tolerated small dost bad, pain still there of burys pain

call W/M INCENS. 6-1-12 spoke to Melessa, clinician, increased meds, due to gardening The 6-11-12 phone increased to lot my X2 perda Pain w/ use of the own -> De has no explanation records to social security. 7-16-12 1-23-13 pe phone call - assistant overwhelning flash, hard to breath, no LOC, not sure if panie attack Di not in town. Associate said make To eame in - C/o on meds, stopped it there for I weeks then got hotton Surgey w/ Sagermon-Jeeling botter, when uses hand gets burning, has hydrocodone Exam - normal secon o has medicine And ha's no correction to aim my y

Aagermon 7 surgery h done leg slæger De has no notes re-procide defer to sagrimon left tennis albow - 2002 acadent pain behind elbow condition can come back continued repetition of or use of elbow can bring it back. 5-39-13 migraine not part of his hypry to in this case 8-12-13 restart medicine gabapenten DIReccomend seople stop this medicine 8-14-13 - last visit at her office buring, contraction whole arm On on husian strength is bad alk why having. Scar tissue these hand as a ser spells - first time she heard of god on Habapent refle De was confined a the ofo D by strength no atrophy reflexes were equal

9-25-13 Til said De Kugawa > distonia if have cont contractions so people got botox It not someone she would recommend for leatox 9-30-13 - Di Lujaura would manage his care. Mundle care of Du Kiyawa opinion >

b. 28-11 - accid - branch newer disturbine eaused sensory changes in hand & forearm Could result in permanent condition lout care -> medication the De would feel be appropriate hoso of use of it aim or hand - no just numbress & ting 11 should be able to use his aim & hand.

MITCHELL S. GROBMAN, M.D. KAREN F. LEVIN, M.D.

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Sincerely,

Karen F. Levin, M.D.

KFL/klm

1900 Hollister Drive, Suite 250, Libertyville, IL 60048 Phone (847) 549-0055 • Fax (847) 549-0404

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|              | <u>L_l</u>          |           |       |            | L             | <u>L</u> .         | L   |              |               |                               | SADDLE GENITALIA                       |                                |              |             |               | $\neg$        | _                                    |             | ┪            |                                                  | -     |        | - | H            | _             | LATISSIMUS DORSI PECTORALIS MAJOR | <u> </u>     | L           | Щ  | ļ           |
| 1            |                     |           |       |            |               |                    |     |              |               |                               |                                        |                                |              | <u></u>     |               |               |                                      |             |              |                                                  | =     |        | - | H            |               | BICEPS BRACHII                    |              | -           | Щ  | -           |
| l            |                     |           |       |            |               |                    | C2  |              |               |                               |                                        |                                |              |             |               |               |                                      |             |              |                                                  |       | Н      |   | +            | -             | TRICEPS BRACHII                   | $\vdash$     |             | 4  | -           |
| 1            |                     |           |       |            |               |                    | _/  | ج            |               |                               |                                        |                                | ,            | _           |               |               |                                      |             |              |                                                  |       | Н      | _ | ╗            | ᅱ             | WRIST EXTENSORS                   | -            | Н           | Щ  | H           |
| 1            |                     |           |       |            | ,             |                    | 6   | 2            | ÷.            | )                             |                                        |                                | [.           | CS          | )             |               |                                      |             |              |                                                  |       |        | 7 | ╢            | 7             | WRIST FLEXORS                     | Н            | -           | -1 |             |
| 1            |                     |           |       |            | •             | 3                  | ŀ   | ı            | • -           | y                             |                                        |                                | (            | ٠           | 1             |               |                                      |             |              |                                                  |       |        | П | 1            | ٦             | APB                               |              | $\dashv$    | -# | _           |
| H            |                     |           |       |            |               |                    | )   | Ķ            | X             |                               |                                        |                                | 1            | ::::        | 1             |               |                                      |             |              |                                                  |       |        | ٦ | 7            |               | FDI                               | $\vdash$     | -           | #  | -           |
| 1            |                     |           |       | C5         |               | _                  | !.  |              |               | · · · ·                       | Ventral                                | C8                             | Ι.           |             | $\mathcal{I}$ |               |                                      |             |              |                                                  |       | П      | ٦ | 1            |               | OTHER INTRINSICS OF HAND          | $\vdash$     | -1          | H  | _           |
| l            |                     |           |       |            | Ţ.            |                    |     | -            |               | —';                           | Verntal<br>adaline Ti<br>of ann        |                                | Ş٠.          | •••         | •••           | :             |                                      |             |              |                                                  | ١     |        |   |              | ٦             | PSOAS MAJOR                       | H            | $\dashv$    | 1  |             |
| 1            |                     |           | T1    |            | ./            | <b>f</b> :         |     | -1           | •             | ∴ \                           | V                                      | I:::                           | •            |             |               | •             | 1.                                   |             |              |                                                  | I     |        |   |              |               | QUADRICEPS FEMORIS                |              |             |    |             |
| 1            |                     |           | •     | 7          | 7:            | λœ                 | · · |              | •••           | ολ.                           | K .                                    | $\langle \cdot \cdot \rangle$  |              | ٠٠.         |               | Χ.            | .\                                   |             |              |                                                  |       | $\Box$ |   |              |               | GLUTEUS MAXIMUS                   | П            | 7           | 1  | _           |
| }            |                     |           |       | j:         | !:/           | 1                  |     | •            |               | 4                             | (1)                                    | :/\:                           | ::           | ••••        |               | $I \setminus$ | F:                                   |             |              |                                                  |       | _      | _ |              |               | ADDUCTOR MAGNUS                   | П            | 7           | 7  |             |
|              |                     |           | J:    | Z          |               | 1                  | ٠   |              |               | ::1 `                         | [:[:]                                  | X                              |              | : ;         |               | '             | <b>\</b> ```                         | <i>\</i> :  |              |                                                  |       | _      | 4 | _            | 4             | HAMSTRINGS                        |              | T           | 7  | _           |
|              |                     |           | !/    | J          |               | 1                  |     |              |               | . (                           | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | / CB):                         |              | •••••       | ::            | L             | 1                                    | $\cdot$ )   | L            |                                                  |       | _      | 4 | _            | 4             | GASTROCNEMIUS                     |              | J           |    |             |
| <b>[</b> ] . | Ce                  | L         | //    | 7          | 12            | <i>[</i> :         | :   |              | • • •         | $\cdot \cdot \cdot \setminus$ |                                        | T12 /                          | ٦٠           | •           |               |               | 1                                    | <u>ر.</u> : | 1            |                                                  |       |        | 4 | 4            | 4             | TIBIALIS ANTERIOR                 |              |             |    |             |
| li           |                     | <i>!</i>  | Ł     | co         | Ì             | <i>`</i> ~         | •   |              |               | $\cdot A$                     |                                        | LI                             |              | ::::        |               | L:            |                                      | 1:          | :\           |                                                  | I     | -      | 4 | 4            | 4             | TIBIALIS POSTERIOR                |              |             |    |             |
|              | 4                   | 1         | _     | ٠Ģ         | $\perp$       | :                  |     | ٳڔ           |               |                               | I D A I                                | سبر قا                         | <u>ښ</u> .   | 7.          | •             | F:            |                                      | 1           |              | A                                                |       | -      | + |              | -             | PERONEI                           | 4            | 1           |    |             |
|              | C7                  | W         |       | Ļī         | ŀ             | •                  |     | Ħ            | 1.∶           |                               | - W - W -                              | S1 🚼                           | ښز           |             | :             |               |                                      | 1           | ا.نا         | μ                                                | ╟     | -      | + | +            | 4             | EXTENSOR HALLUCIS                 | _            | 1           | _  |             |
|              | ٠.                  | . In      | w,    | -          | X             | ·/                 | •   | Ή            | Ί.            |                               | w w                                    | S2 1.                          |              | 不           | ن             | :[            |                                      |             | M            |                                                  | -   - | ╬      | + | ╬            | +             |                                   | 4            | _ .         | 1  |             |
| Í            | T,                  | X \"      | •     | <b>S2</b>  | •             | 1                  | •   | ٠١           | ;             | V                             |                                        | -1:                            | ٠            | Λ           | :             | :[            |                                      |             |              |                                                  | ŀ     | ┿      | ╁ | +            | +             |                                   | _            | 4           | 4  | _           |
|              | Ū                   | Óζ        |       |            |               | 1:                 |     | 4            | :             | <i>:1</i> .                   |                                        | -E                             | ×            | 1∭          |               | $T_{-}$       |                                      |             |              |                                                  | ľ     | ╅      | + | +            | +             | <del></del>                       | +            | 4           | 4  | _           |
|              | _                   | 1 8       | 'n    | J          |               | ŀ                  | ٠   | 1            |               | 1                             | ٠,                                     | Y                              |              | Ш           |               |               |                                      |             |              |                                                  | -     | +      | + | +            | +             |                                   | -+           | +           | +  | _           |
| 1            | ر<br>ال<br>ال<br>ال | , q.      | ,     | ١          |               | 1                  | •   | . 1          |               |                               | · · · · · · · · · · · · · · · · · · ·  |                                | : :          | Ш           | : :1          |               |                                      |             |              |                                                  | ľ     | $\top$ | † | 十            | +             |                                   | +            | ╁           | +  | $\dashv$    |
| i            |                     |           |       |            |               | 1                  | :   | :            | :             | 1                             | Ventral adal line of leg               | ŀ                              | :            | M           | : 1           |               |                                      |             |              |                                                  | ľ     |        |   |              |               | PRONATOR DRIFT                    |              | <u>.l</u>   |    | ╡           |
|              |                     |           |       |            | L             | ŀ                  | ٠:  |              |               | 1                             |                                        | SI                             |              | Ш           | : [           |               |                                      |             |              |                                                  |       |        |   |              |               | HOOVER                            |              |             |    |             |
| ĺ            |                     |           |       |            | _             | ľ                  |     | . //         | 1             | 3                             |                                        | "\                             | 7            | Ш           | : [           |               |                                      |             |              |                                                  | ļ     |        |   |              |               |                                   |              |             |    |             |
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| Ī            |                     |           |       |            |               | į                  | E   | :            |               | 1                             |                                        | L5 \                           | V:           | ¥ Y:        | 4             |               |                                      |             |              |                                                  | 1     |        |   | INS          | P. F          | FOR HYPERKINESIA/BRADYKINE        | SIA          |             |    |             |
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|              |                     |           |       |            | •             | 1                  | lu. | JI           | lid           | y                             |                                        | . S1 🔨                         | ا ريا        |             | j             |               |                                      |             |              |                                                  | 1     |        |   |              |               |                                   |              |             |    | 1           |
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|              | •                   |           |       |            |               |                    |     |              |               |                               | •                                      |                                |              |             |               |               |                                      |             |              |                                                  |       |        |   |              |               |                                   |              |             |    | 1           |
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|              |                     |           |       |            |               |                    |     | _            |               |                               |                                        |                                |              |             |               |               |                                      |             |              | <del></del>                                      |       |        |   |              |               |                                   |              |             |    | 1           |
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|              |                     |           |       |            |               |                    |     |              |               |                               | <del>2,000</del>                       | <u> </u>                       | ·            | 30          |               | V0 (          | <u> </u>                             | ¥           |              | 2                                                | للنا  | ٠.     | Ή | M            | <u>u</u>      | ny                                |              |             |    |             |
|              |                     |           |       |            |               |                    |     |              |               |                               | I was I GA                             | 1/                             |              |             |               | x 0.          |                                      | <b>U</b> _  |              |                                                  |       |        |   | H            | _             | <del></del>                       |              | <del></del> |    | ╝           |
|              |                     | <u> </u>  |       |            |               |                    |     |              |               |                               | www VEN                                | <i>7</i>                       |              |             |               | K.K.          | asy.                                 |             | <u>- 7</u>   | VV                                               | "L    | 7-     | d | 4.6          | ۲.            | is. to see                        |              |             |    | 4           |
|              |                     |           |       |            |               |                    |     |              |               |                               |                                        |                                |              |             |               |               | to                                   | M           | ν/           | <del>                                     </del> | 2     | // A   |   |              | _             |                                   |              |             |    | -           |
| <b></b>      |                     |           |       |            |               |                    |     |              |               |                               |                                        |                                |              |             |               |               | -4-1                                 | v//         |              | _                                                | .O.   | W      | 5 | 26           |               |                                   |              |             | _  | $\parallel$ |
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ASS. JIATED NEUROLOGY, S.C. Mitchell S. Grobman, M.D. Karen F. Levin, M.D. 1900 Hollister Drive, Suite 250, Libertyville, IL 60048 Phone (847) 549-0055 Fax (847) 549-0404 Patient Name: D.O.B.: SS# Phone #: Home: Work: Send additional copy of report to: Diagnosis nunma MRI \_\_ Brain With Contrast C-Spine Without Contrast ☐ T-Spine anesthesiology administer sedation is medically LS-Spine necessary because of ☐ MIRA Intracraniai Extracranial Ultrasound X-Ray CT With Contrast Without Contrast TEE 24 Hour Holter Tilt Table To be read by Dr. may sedate using gram(s) chloral hydrate if necessary Other Labs 」 carbamazepine phenytoin \_\_ phenobarbital □ valproic acid gabapentin lupus anticoagulant protein C protein \$ antithrombin III □ CBC w/plts folate activated protein C resistance thyroid profile TSH anticardiolipin antibody hepatic profile 🗌 PTT sedimentation rate basic metabolic profile **B12** ANA with reflex testing glycohemoglobin □ RPR comprehensive metabolic profile immunofixation Acetylcholine receptor antibodies Mitchell S. Grobman, M.D. Karen F. Levin, M.D.

| DATE: 7.28.2011             | ASSOCIATED N | EUROLOGY, S.C.                          |               |                   |          |      |
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| NAME DULLBERG +             | au O         | W E                                     |               | A L HANDED        |          |      |
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| ☐R CRANIAL NERVES L         | . D EXPLANAT | DRY NOTES                               |               |                   |          | -    |
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| □ FUNDUS □                  |              |                                         |               | \ /               |          |      |
| OPTIC DISC                  |              |                                         |               | / \               |          |      |
| VESSELS                     |              |                                         |               | HOFFMAN           |          |      |
| FOVEA                       |              | • • • • • • • • • • • • • • • • • • • • |               | ☐ TROMNER<br>☐ PM |          |      |
|                             |              |                                         |               | ☐ GRASP           |          |      |
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| ☐ CONVERGENCE               |              |                                         | ☐ GLABELLAR   |                   |          |      |
| ☐ NYSTAGMUS                 |              |                                         | ☐ JAW         |                   |          |      |
| ☐ PUPILS                    |              |                                         | _             |                   |          |      |
| ☐ SIZE / SHAPE              |              |                                         | □R            | GAIT              |          | L C  |
| □ ught                      |              |                                         |               | ☐ SPONTANEO       | บร       |      |
| CONSENSUAL                  |              |                                         |               | ON TOES           |          |      |
| ☐ AFFERENT PUPIL            |              |                                         |               | ON HEELS          |          |      |
| ☐ CORNEAL REFLEX            |              |                                         |               | ☐ ARM SWING       |          |      |
| ☐ FACIAL SENSATION          |              |                                         |               | ☐ BASE            |          |      |
| □ PIN                       | - Lul        |                                         | -             | ☐ TANDEM          |          |      |
| ☐ LIGHT TOUCH               |              |                                         | ☐ POSTURE     |                   |          |      |
| ☐ MUSC, OF MASTIC.          |              |                                         | ☐ STABILITY   |                   |          |      |
| ☐ FACIAL MUSCLES            | Gui          |                                         | ROMBERG       |                   |          |      |
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| ☐ AUDITORY ACUITY           |              |                                         |               | ☐ CAROTID PUL     |          |      |
| ☐ SOFT PALATE               |              |                                         |               | PERIPHERAL        |          |      |
| ☐ GAG                       |              |                                         |               | ☐ TINEL           | PULSE    |      |
| ☐ STERNOMASTOID             |              |                                         |               | ☐ PHALEN          |          |      |
| ☐ TRAPEZIUS                 |              |                                         |               | ☐ NECK ROM        |          |      |
| ☐ TONGUE                    |              |                                         |               | ☐ ROM AT WAIS     | <b>T</b> |      |
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| RAPID ALTERNATING MOVEMENTS |              |                                         | J BRUDZINSKI  |                   |          |      |
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| <b>\</b>                         | . ja .                         | HEALTH Q                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | UESTIONN                     | AIRE                                    |              | ASSOCIATED NEUROLOGY, S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| Patient's Name:                  | illera.                        | Paul                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              |                                         | 1170         | ALL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| REASON FOR VISIT                 | 1                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              | ite:                                    | 1100         | Handedness: Na Bight                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                  | Chrinsa                        | U To                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Right                        | Fore                                    | ARM          | AGE: 4/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| MEDICAL HIGTORY                  |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                            |                                         |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| MEDICAL HISTORY                  | If you have had any            | of the following syr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | nptoms or dise               | ises, pleas                             | e check //   | ) and indicate at what age.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| ☐ Dizzy or ☐ Fainting Spells     |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☐ Bowel                      | Polyps 🗆                                | Crohn's/Col  | Abru morbate at what age.  Illus   Tuberculosis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ☐ Decreased Hearing              | ☐ Sinus Pain [                 | ☐ Sore Throat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Stools: 🛘                    | Bloody 📋                                | Black □ P    | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| ☐ Ringing In Ear                 | ☐ Teeth/Gum P                  | ain/Bleeding                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ☐ Hemori                     | hoids 🔲 l                               | lemia        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ☐ Falling Vision ☐ Eye Pain      | Chronic Coug                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☐ Urine fr                   | fections (fr                            | equent)      | ☐ Contact w/Blood or Body Fluids ☐ Blood Transflusions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| ☐ Double or ☐ Blurred Vision     | ☐ Hay Fever/All                | ergies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Urination:                   | □ Overnig                               | ht > twice   | M Company Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| ☐ Hoarseness                     | ☐ Pneumonia/P                  | eurisy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 🗆 Paln                       | lul 🔲 Blood                             | y □ No Co    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ☐ Difficulty Swallowing          | ☐ Bronchitts/Em                | physema                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | □ D                          | e in Fo                                 | ce/Flow      | Transpir Chinosidia Chest                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| ☐ Convulsions/Seizures           | ☐ Asthma/Whee                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 🗀 Kiợn:                      | 105                                     |              | Females: Please complete rest.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| ☐ Stroke ☐ Head Injury           | ☐ Shartness of [               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | □ Venere                     | al Disease/(                            | Genital War  | Menstrual Flow:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ☐ Tremor/Hands Shaking           | ☐ Chest Pain or                | n D Lying Flat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | □ Urethra                    |                                         |              | Age Started                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| M Muscle Weakness                | ☐ High Blood Pr                | rigntness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | □ Anemia                     | ☐ Bruise                                | Easily       | ☐ Reg. ☐ Irreg. ☐ Pain/Cramps                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Numbness/Tingling Sensations     | ☐ Heart Murmur                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☐ Cancer                     | (Type)                                  | ···          | Days of Flow                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| ☐ Back Pain                      | ☐ Irregular Pulse              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☐ Diabele                    | S D Exces                               | ssive Thirst | Length of Cycle Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| ☐ Foot Pain ☐ Cold Numb Feet     | ☐ High Choleste                | rol/Est                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ☐ Thyrold                    |                                         |              | 1st Date of Last Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| ☐ Difficulty Sleeping            | Swollen Ankle                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☐ Ärthdtis/                  |                                         |              | Number of:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| ☐ Memory Loss ☐ Phobias          | ☐ Calf Pain Whe                | n Malkina<br>n minoni-cióta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ☐ Bone Fr                    |                                         |              | Pregnancies Abortions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| ☐ Difficulty Walking             | ☐ Varicose Veins               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☐ Gout ☐                     |                                         | osis         | MiscarriagesLive Births                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| ☐ Difficulty Speaking            | ☐ Loss of Appeti               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☐ Rashes                     |                                         |              | ☐ Pain/Bleeding During Sex                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| ☐ Imbalance                      | ☐ Indigestion/He               | arthurn                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ☐ Eczema                     |                                         |              | Birth Control Method                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Neck Pain ☐ Facial Pain          | ☐ Persistent Nau               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☐ Nervous                    | ness ∐ D                                | epression    | If B.C. Pill, Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| ☐ Meningitis/Encephalitis        | ☐ Peptic Ulcer/At              | dominal Pain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ☐ Moodine                    |                                         | essive Stres |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ☐ Weight Loss or ☐ Gain          | ☐ Gall Bladder Ti              | ouble                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ☐ Mental ti                  |                                         |              | ☐ Flushing/Menopause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Unusual Fatigue/Loss of Energy   | ☐ Jaundice/Hepa                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | □ Chicken<br>□ Measles       | POX LIPO                                | olio L.I.Mur | *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| ☐ Frequent Ear Infections        | ☐ Change in Bow                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | U Lyme Dis                   |                                         | n Measles    | ☐ Normal ☐ Abnormal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| ☐ Glaucoma ☐ Cataracts           | Ð Diarrhea ⊴ C                 | onstipation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ☐ Rheumai                    |                                         | 7 <b>0</b>   | Date of Last Mammogram                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| IOSPITAL ADMISSIONS              | Indicate the year of h         | ospitalization and ti                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | le reagon Do n               | stinatura                               | J Scarlet Fe | ever 🗆 Normai 🗋 Abnormal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| YEAR ILLNESS OR OP               | PATION YE                      | AR ILLNES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | S OR OPERATI                 | ON THE TOTAL OF T                       | YEAR         | gnancies. ILLNESS OR OPERATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Alwer Near                       | E TRANS                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Pinking                      |                                         |              | ALLIVEGS ON OPERATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>f</b> .                       |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                         |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| MEDICATIONS                      |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                         |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| List all that Naproxin           | <u> </u>                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                         |              | DRUG ALLERGIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Include those                    | İ                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              | ····                                    |              | 4.40.74.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| you buy                          |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                         |              | Mone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| without a prescription.          |                                | The same of the sa |                              |                                         |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                  |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                         | 1            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| FAMILY HISTORY                   | ' <u>any blood relative</u> ha | is suffered any of th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | e following, ple             | ase check                               | below and    | Indicate which relative.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                  | El aladcottia [                | □ Anemia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ☐ High Blood                 | Proceuro                                |              | i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| ☐ Migraine Headaches<br>☐ Stroke | ☐ Diabetes [                   | ☐ Bleeds Easily                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | High Chole                   |                                         |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ☐ Other Neurologic Disease       |                                | ☐ Clotting Disorder                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ☐ Alcoholism                 | 310101                                  |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Mental Illness                   |                                | Arthritis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ☐ Genetic Dis                |                                         |              | Paragraph of the state of the s |
| Cigarettes: / P                  | acks/Day for 💤 Years           | Heart Disease                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ☐ Cancer (Ty                 |                                         |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Quit Smoking:                    |                                | Street Drugs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | · NOVE                       | -                                       |              | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| TESTS/EXAMS Cholester            | ol                             | Sugar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                              |                                         |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ear of Last One) Hectal          | transfer of the second         | Chart V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | -Ray                         | ·                                       |              | Other Blood Tests                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| f.B, Test                        |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | om                           | · · · · · · · · · · · · · · · · · · ·   |              | Cardiogram Dental Exam                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| eve you had any of Anglog        | ram                            | CIMPLO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Scan of Man                  |                                         |              | Dental Exam                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| LICISCA                          | n of Head                      | ET MOLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Scan of Head<br>Scan of Neck | *************************************** |              | Lumbar Puncture (Spinal Tap)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 10 20a                           | n of Neck                      | (Claim) o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Scan of Lower Ba             | ck                                      | L            | JEEG (Brain Wave)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| LICT Sca                         | n of Lower Back                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | X-Hays                       |                                         |              | ] EMG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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MITCHELL S. GROBMAN, M.D. KAREN F. LEVIN, M.D.

## NEUROPHYSIOLOGY REPORT

Name: Dulberg, Paul

Test No.: 11-0802

Date of Exam: 10 Aug 11

**Motor Nerve Conduction:** 

| Nerve and Site                | Latency                    | Amplitude                    | Segment                                      | Latency<br>Difference | Distance         | Conduction<br>Velocity |
|-------------------------------|----------------------------|------------------------------|----------------------------------------------|-----------------------|------------------|------------------------|
| Median.R                      |                            |                              |                                              | Difference            |                  | vencuy                 |
| Wrist<br>Elbow<br>Ulnar R     | 3.9 ms<br>8.8 ms           | 9.1 mV<br>6.1 mV             | Wrist-Elbow                                  | 4.9 ms                | 255 mm           | · 52 m/s               |
| Wrist Below elbow Above elbow | 2.9 ms<br>6.2 ms<br>7.7 ms | 10.7 mV<br>10.1 mV<br>9.5 mV | Wrist-Below elbow<br>Below elbow-Above elbow | 3.3 ms<br>1.5 ms      | 180 mm<br>100 mm | 55 m/s<br>67 m/s       |

## F-Wave Studies:

| Nerve    | M-Latency | F-Latency |
|----------|-----------|-----------|
| Median.R | 3.8 ms    | 30.9 ms   |
| Uluar.R  | 2.9 ms    | 27.3 ms   |

## **Sensory Nerve Conduction:**

| Nerve and Site                              | Onset<br>Latency | Peak<br>Latency | Amplitude | Segment                       | Latency<br>Difference | Distance | Conduction         |
|---------------------------------------------|------------------|-----------------|-----------|-------------------------------|-----------------------|----------|--------------------|
| Median.R<br>Digit II (index fing<br>Ulnar.R | 2.3 ms           | 2.9 ms          | 22 μV     | Wrist-Digit II (index finger) | 2.3 ms                | 130 mm   | Velocity<br>57 m/s |
| Digit V (little fing                        | 2.0 ms           | 2.6 ms          | 28 μV     | Wrist-Digit V (little finger) | 2.0 ms                | 110 mm   | 55 m/s             |

Interpretation: NCV: Motor: Right median and ulnar motor responses are within normal limits. F-wave: Right median and ulnar f-waves are within normal limits. Sensory: Right median and ulnar responses are within normal limits.

Conclusions: No electrophysiologic evidence of diffuse neuropathy.

Karen F. Levin, M.D.

1900 HOLLISTER DRIVE, SUITE 250, LIBERTYVILLE, IL 60048 PHONE (847) 549-0055 • FAX (847) 549-0404

CONTINUATION 8-14-13 Deadacho Dinco cont ureaks **Dulberg 005326** 

CONTINUATION bera Paul ADDRESS 2-4-13 Tram normal Loop: Omgraine use Frura (+2) Mexacriving (#2) Relparo ( H2) which one works best. 2) parastheras continue Catapenter goong BIT, som pain" how to mesure Long man Then stopped Medical was deing anything 8-14-13 here for Fy. read been doing well be he self stupped the Colapenter He has ween noticing tengling & brunning across seam are nofices contraction excluding what nand area storys a yeur Secono Even & other Jemes Huntes He said Dr. Saegerman told Dum in pash that there was a let of scor fesser Degr. The this since enjury only they now hours it severe terms **Dulberg 005327** 

CONTINUATION ram pt- he has con kised disving. never make appti 2-4-13 here for Fu. He had been on ophila got wetter. Home had surry back. oslov when Dre uses Drand burning comes woch. mw has () "tenns ellow deso new getteng wordache 6-7 in ans twenties then Dhow injury upes hydro codone. Never Iren on Inplano. Lasts entire. dy when he gets them. also gets decarmal times in Dulberg 005328 ITEM 07-0576231/8290

## MEDICAL HISTORY

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| Initial Symptoms Onser: (Immediate) Gradual Date of Injury 6 28 2011                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| hole to fore own to it was Extored at the ER. It was no bone or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| down own & sleep distorbance who is terfering with work.  LO & of arm danger tribial dake of injury.  Courser symptoms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| Sensory The LACOVIDE CLASS might Sleep disturbance (lance levia)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| Other. Swelling C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| Crepitus Committee Crepitus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| Previous similar symptoms/injury Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| F Gulo (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| Treatment to date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Tetanus: 6-78-200 Thetapy:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Current Medications: Antibiotics NSAIDs Pain Medication                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| Steroids Injections (No.) Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Steroids Injections(No) Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| Previous Surgery: No (PES) WENT NERVE TRAINCROS 1 TON Coff own interstant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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| Previous tests and results  EMG/NCVIDAYes DR. LEVIN  Arthrogram Dayes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| MRLN6/Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| X-Ray West 6 78 11 CAT scan: Wyes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| Occupation/Hobbies: Grophic desider                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Referred By IN 164141                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Referred By DR. LEVIN. Age 131                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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## Associated Neurology.

MITCHELL S. GROBMAN, M.D. KAREN F. LEVIN, M.D.

## NEUROPHYSIOLOGY REPORT

Name; Dulberg, Paul.

Test No.: 11-0802

Date of Exam: 10 Aug 11

| Motor Nerve Cond<br>Nerve and Site |   | Latency                      | Ampilitada                | Segment                                      | Latency          | Distance               | Conduction       |
|------------------------------------|---|------------------------------|---------------------------|----------------------------------------------|------------------|------------------------|------------------|
| Modian R                           | • | }                            | •                         |                                              | Difference       |                        | Velocity         |
| Wrist<br>Elbow                     |   | 3.9 ma<br>8.8 ms             | 9.1 mV<br>6.1 mV          | Wrist-Elbow                                  | 4.9 ma           | 2.55 mm                |                  |
| Ulner R<br>Wrist                   | , | 2.9 mm                       | . 10:7 mV                 |                                              | 4.5 003          | משת ככב                | ′ 52 m/s         |
| Below elbow<br>Above élbow         |   | 6,2 mm<br>7,7 mu             | 10.1 mV<br>9.5 mV         | Weist-Below albow<br>Below albow-Above albow | 3.3 ma<br>1.5 ma | 1 80 kmm²<br>1 80 kmm² | 55 m/c<br>67 m/a |
| P-Wave Studies:                    |   |                              | ,                         | •                                            | •                |                        |                  |
| Nerve<br>Medium R<br>Ulgar, R      |   | M-Latera<br>3.8 cm<br>2.9 cm | y Y-Laten<br>30.9<br>27.3 | ray .                                        |                  |                        | -                |

| Nerve and Site                              | Chatter | Pink<br>Latency | Amplitude. | Segment                       | Latency             | Distance | Conduction<br>Velocity |
|---------------------------------------------|---------|-----------------|------------|-------------------------------|---------------------|----------|------------------------|
| Median R<br>Digit II (index fing<br>Ulnar R | 2.3 mi  | 2.9 ms          | , 22 μν    | Wrist-Digit II (index finger) | 2,J ms              | 130 mm   | . 57 m/s               |
| Digit V (little fing                        | 2.0 mu  | 2.6 mm          | 28 μν      | Wrist-Digit V (little finger) | 2,0 <sup>-</sup> ma | 110 mag  | 55 m/s                 |

Interpretation: NCV: Motor: Right median and ulnur motor responses are within normal limits. F-wave: Right median and ulnar f-waves are within normal limits. Sensory: Right median and ulnar responses are within normal limits.

Conclusions: No electrophysiologic evidence of diffuse neuropathy.

Karen F. Levin, MLD.

. 1900 HOLLISTER DRIVE, SUITE 250, LIBERTYVILLE, IL 60048 PHONE (847) 149-0051 . FAX (847) 549-0404

> Dulberg 005330 11-AUG-2012 11:16 From:LIB

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| ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | A A CONTRACTOR OF THE CONTRACT |
| NAME DU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | perg, taul                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| To the state of th | CONTINUATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

CONTINUATION ulberg, Paul here for results MRIO. continued symptoms no bas not sure Herry get 3 My Junios E Saceman 34110 W - 60050 Cell here for fel. I soke a Dr. Sagerman Derould like of an newsouther 5-16-12 got on neuropathie 704 Mool, Mr. Duller dolpent Thenk the Strength w He also would some the loca. It only countr anything of smalles coliber t Appent & night oth right the soon sit we add coppenting for / week all 2 wes BUZML alle from pt - he did some guidening ram pt - he 1 discomfact from the of nel doct. Dulberg 005332 Lella Verande Lallanto SCA ITEM 07-0576231

CONTINUATION Dulberg, Pau 8-10-LI Orere NOU'S branch new enguy nodian & Whan nowes are no Well empresse somewhat Dranch nand -20-12 re-evaluated. 20 numbres opporate the pain o pers is He is feling for disability of option (R) fronth digit abducti Aur wed ad ductur c flexies of 5th digit of pour is any Ican is trouved bump on end. Rodiruptor of tenden or nerve FU D" MRI, 15 MIN SPINE Dulberg 005333 ITEM 07-0576231.

| DATE: 7.28.201              | ASSOCIATED N                          | EUROLOGY, S.C.                        |               |                                       | <del> </del> |
|-----------------------------|---------------------------------------|---------------------------------------|---------------|---------------------------------------|--------------|
| NAME DAIL DOVE DO           |                                       |                                       |               |                                       |              |
| MENTAL STATUS               | ul                                    | <u>w</u> F                            |               | R L HANDED                            | ·            |
| Ü                           |                                       |                                       |               | · · · · · · · · · · · · · · · · · · · |              |
|                             |                                       |                                       |               |                                       |              |
| R CRANIAL NERVES L          | EXPLANAT                              | ORY NOTES                             |               |                                       |              |
| ☐ SMELL                     |                                       |                                       | □R            | REFLEXES                              |              |
| □ VISION                    |                                       |                                       | _             | $\bigcirc$                            |              |
| ☐ ACUITY                    |                                       |                                       | _             | 1 1                                   | <b>'</b> ^   |
| ☐ FIELDS                    |                                       |                                       |               |                                       |              |
|                             | · · · · · · · · · · · · · · · · · · · |                                       |               | ' '                                   |              |
| D FUNDUS                    |                                       |                                       |               | \ /                                   |              |
| OPTIC DISC                  |                                       |                                       |               |                                       |              |
| VESSELS                     |                                       |                                       | -             | HOFFMAN                               |              |
| FOVEA                       |                                       |                                       |               | ☐ TROMNER                             |              |
| LIDS                        |                                       |                                       |               | □ PM<br>□ GRASP                       |              |
| OCULAR MOVEMENT             | <del></del>                           |                                       | □ suck        | LI GHASP                              |              |
| <u> </u>                    |                                       |                                       | SNOUT         |                                       |              |
| ☐ CONVERGENCE               |                                       |                                       | GLABELLAR     |                                       |              |
| □NYSTAGMUS                  |                                       |                                       | _ D JAW       |                                       |              |
| ☐ PUPILS                    |                                       |                                       | 3 00.44       |                                       |              |
| ☐ SIZE / SHAPE              |                                       | · · · · · · · · · · · · · · · · · · · | ⊣ 🗆 R         | GAIT                                  |              |
| □ LIGHT                     |                                       |                                       | -             | ☐ SPONTANEO                           | nus          |
| ☐ CONSENSUAL                |                                       |                                       |               | ON TOES                               | .00          |
| ☐ AFFERENT PUPIL            |                                       |                                       |               | ON HEELS                              |              |
| ☐ CORNEAL REFLEX            |                                       |                                       |               | ☐ ARM SWING                           |              |
| ☐ FACIAL SENSATION          |                                       |                                       |               | □ BASE                                |              |
| □ PIN                       |                                       |                                       | -             | ☐ TANDEM                              |              |
| □ иднт толсн                |                                       |                                       | ☐ POSTURE     |                                       |              |
| ☐ MUSC. OF MASTIC.          |                                       |                                       | ☐ STABILITY   |                                       |              |
| ☐ FACIAL MUSCLES            |                                       |                                       | ☐ ROMBERG     |                                       |              |
|                             | - w                                   |                                       | ☐ TANDEM RON  | MBERG                                 |              |
| □ UPPER                     |                                       |                                       | -             |                                       |              |
| □ LOWER                     |                                       |                                       | 1             | GENERAL                               |              |
| [] TASTE                    |                                       |                                       |               | ☐ CAROTID PUL                         | LSE          |
| C SOUTH A ATT               |                                       |                                       | -{            | ☐ CAROTID BRU                         |              |
| □ SOFT PALATE               |                                       |                                       | -             | ☐ PERIPHERAL                          | PULSE        |
| ☐ GAG                       |                                       |                                       | 1             | ☐ TINEL                               |              |
| ☐ STERNOMASTOID             |                                       |                                       | ]             | ☐ PHALEN                              |              |
| ☐ TRAPEZIUS                 |                                       |                                       | _             | ☐ NECK ROM                            |              |
| ☐ TONGUE                    |                                       |                                       | -             | ☐ ROM AT WAIS                         |              |
| R COORDINATION ( )          |                                       |                                       | 1             | ☐ STRAIGHT LE                         |              |
| L LI                        |                                       |                                       | -             | ☐ PARASPINAL                          | TENDERNESS   |
| □ FNF                       |                                       |                                       | ☐ CARDIAC MUF | IMUR                                  |              |
| □ HKS                       |                                       |                                       | ☐ KERNIG      |                                       |              |
| RAPID ALTERNATING MOVEMENTS |                                       |                                       | BRUDZINSKI    |                                       |              |
| ☐ TONGUE                    |                                       |                                       | L'HERMITTES   | 51 Hini                               | G            |
| ☐ HANDS                     |                                       |                                       |               | SUPINE                                | STANDIN      |
| ☐ FINGERS                   |                                       |                                       | вр Б          | ulberg 0.05334                        | <del> </del> |
| □FOOT                       |                                       |                                       | HR D          | uiperg UD\$334                        | <del> </del> |

|                                                    | 1              | h.                   | H                | ALTH QU                       | ESTIONNAI                              | RE,                                   |                         | Associated Neurology,           |
|----------------------------------------------------|----------------|----------------------|------------------|-------------------------------|----------------------------------------|---------------------------------------|-------------------------|---------------------------------|
| Patient's Name:                                    | JUL            | verg,                | <u> </u>         | iul                           | Date:                                  | _7/2                                  | 18/11                   | Handedness; A Bight [           |
| TEROOM OF                                          | (April C       | -hains               | سب               | To !                          | Right F                                | OREARM                                | ı                       | AGE: 4/                         |
| MEDICAL MOT                                        | <b>A</b>       | ,                    | ·                |                               |                                        | · · · · · · · · · · · · · · · · · · · |                         |                                 |
| MEDICAL HIST                                       | ORY If y       | <u>ou</u> have had : | any of the       | following symp                | otoms or disease                       | s, please chec                        | k(/) and                | Indicate at what age.           |
| Headaches                                          |                |                      |                  | 40                            | ☐ Bowel Poly                           | /ps 🗋 Crohn's                         | n (v.) anu<br>e/Colitin |                                 |
| ☐ Dizzy or ☐ Fainting                              | Spells         | Sinus Palı           |                  |                               | Stools: 🔲 Bio                          | ody 🗌 Black                           | Folia<br>Folia          | ☐ Tuberculosis                  |
| Decreased Hearing                                  |                | ☐ Teeth/Gur          |                  | eding                         | ☐ Hemorrhoi                            | ds 🗆 Hernia                           | _ raio                  | Herpes AIDS (HIV)               |
| Ringing in Ear                                     |                | ☐ Chronic C          |                  |                               |                                        | tions (frequent)                      | ı                       | ☐ Contact w/Blood or Body Fluid |
| ☐ Failing Vision ☐ Eye                             |                | ☐ Hay Fever          |                  |                               | Urination:                             | Overnight > tw                        | ice                     | ☐ Blood Transfusions            |
| ☐ Double or ☐ Blurred                              | 1 Vision       | ☐ Pneumoni           |                  |                               | ☐ Painful                              | ☐ Bloody ☐ N                          | la Control              | ☐ Sexual Problems               |
| ☐ Hoarseness                                       |                | ☐ Bronchitis         |                  | ma                            | □D                                     | e in Force/Flov                       |                         | TIMES TO LINGUIS TO LOS 168     |
| ☐ Difficulty Swallowing                            |                | ☐ Asthma/W           |                  | •                             | ☐ Kidn:                                | ies                                   | •                       | Females: Please complete rest   |
| ☐ Convulsions/Seizures                             |                | ☐ Shortness          |                  |                               | ☐ Venereal D                           | isease/Genital                        | Warte                   | Menstrual Flow:                 |
| Stroke Head Injur                                  |                | On Ex                | ertion 🛚         | Lying Flat                    | ☐ Urethral Di                          | soharge                               | 114110                  | Age Started                     |
| ☐ Tremor/Hands Shakin                              | ng             | Chest Pair           |                  |                               |                                        | Bruise Easily                         |                         | ☐ Reg. ☐ Irreg. ☐ Pain/Cramp    |
| Muscle Weakness                                    |                | ☐ High Blood         |                  | €                             | ☐ Cancer (Ty                           |                                       |                         | Days of Flow                    |
| ☑ Numbness/Tingling Solution                       | ensations      | ☐ Heart Muri         |                  |                               |                                        | ☐ Excessive T                         | hirst                   | Length of Cycle Days            |
|                                                    |                | ☐ Irregular P        | ulse 🗆 I         | Palpitations                  | ☐ Thyrold Dis                          |                                       |                         | 1st Date of Last Period         |
| ☐ Foot Pain ☐ Cold N                               | umb Feet       | ☐ High Chole         |                  |                               | ☐ Arthritis/Rh                         |                                       |                         | Number of:                      |
| ☐ Difficulty Sleeping                              |                | ☐ Swollen Ar         |                  |                               |                                        | ure/Joint Injury                      |                         | Pregnancies Abortion            |
| ☐ Memory Loss ☐ Pho                                | obias          | Calf Pain V          |                  |                               | ☐ Gout ☐ C                             |                                       |                         | Miscarriages Live Birt          |
| ☐ Difficulty Walking ☐ Difficulty Speaking         |                | ☐ Varicose V         |                  |                               | □ Rashes □                             |                                       |                         | ☐ Pain/Bleeding During Sex      |
| ☐ imbalance                                        |                | ☐ Loss of Ap         |                  |                               | □ Eczema [                             |                                       |                         | Birth Control Method            |
|                                                    | 5 1            | ☐ Indigestion        |                  |                               |                                        | ss 🗆 Depress                          | ion                     | If B.C. Pill, Name              |
| Neck Pain ☐ Facial ☐ Meningitis/Encephalitis       |                | ☐ Persistent         |                  |                               |                                        | ☐ Excessive                           |                         | ☐ Infertility History           |
| ☐ Weight Loss or ☐ Ga                              |                | Peptic Ulce          |                  |                               | ☐ Mental Iline                         |                                       |                         | ☐ Flushing/Menopause            |
|                                                    |                | ☐ Gall Bladde        |                  |                               | ☐ Chicken Po                           | x 🗀 Polio 🖺                           | Mumps                   | Date of Last PAP Test           |
| ☐ Unusual Fatigue/Loss<br>☐ Frequent Ear Infection |                | ☐ Jaundice/H         |                  |                               |                                        | _<br>] German Mea                     |                         | ☐ Normal ☐ Abnormal             |
| ☐ Glaucoma ☐ Catarac                               |                | ☐ Change in          | Bowel Ha         | bits                          | Lyme Disea                             |                                       |                         | Date of Last Mammogram          |
| L.                                                 |                | Ð Diarrhea d         |                  |                               | ☐ Rheumatic I                          | Fever 🗆 Scar                          | let Fever               |                                 |
| HOSPITAL ADMISS                                    |                | cate the year        | of hospit        | alization and the             | reason. Do not                         | nclude norma                          | Inrognar                | ardes                           |
| Left A                                             |                | ION                  | YEAR             | ILLNESS                       | OR OPERATION                           | YEA                                   | R                       | ILLNESS OR OPERATION            |
| ALNER                                              | NERVE-         | TRANS                | İ                |                               |                                        |                                       |                         | ILLINESS ON OPERATION           |
|                                                    |                |                      |                  |                               |                                        |                                       |                         |                                 |
| MEDICATIONS                                        |                |                      |                  |                               |                                        |                                       |                         |                                 |
| List all that Na-D                                 | roxin          |                      |                  |                               |                                        |                                       | <del></del>             | DRUC ALLEDOIS                   |
| you take                                           |                |                      |                  |                               |                                        |                                       |                         | DRUG ALLERGIES                  |
| include those you buy                              | ·              |                      |                  |                               |                                        |                                       |                         | Mone                            |
| without a                                          |                |                      |                  |                               |                                        |                                       |                         | 7.00.                           |
| prescription.                                      |                |                      |                  |                               |                                        |                                       |                         |                                 |
| FAMILY HISTOR                                      | Y / If any     | blood relativ        | /e has cu        | fforod any of the             |                                        | · · · · · · · · · · · · · · · · · · · |                         |                                 |
| ☐ Epilepsy (Seizures)                              |                | Glaucoma             | <u>ra</u> nas su | nerea any or the              | tollowing, pleas                       | e check below                         | and Indi                | cate which relative.            |
| ☐ Migraine Headaches                               | ₩.             | Siaucoma<br>Diabetes | ⊔ An             | emia                          | ☐ High Blood Pr                        | essure                                | 1                       |                                 |
| ☐ Stroke                                           |                | Thyroid Golter       |                  | eds Easily<br>otting Disorder | ☐ High Choleste                        | rol                                   |                         |                                 |
| Other Neurologic Dia                               |                | Hay Fever            | □ Oit            |                               | ☐ Alcoholism                           |                                       |                         |                                 |
| Mental Illness                                     |                | Asthma               |                  | art Disease                   | ☐ Genetic Disea                        |                                       | 1                       |                                 |
| Cigaret                                            | tes: _/_ Packs | /Day for Æ ?         | ears             |                               | Cancer (Type)                          |                                       |                         |                                 |
|                                                    | noking:Ye      |                      |                  | Street Drugs                  | Drinks/Week <b>Coff</b><br><i>NovE</i> | ee: <u>¼</u> Cups/t                   | Day F                   | legular Exercise: ☐ Yes 점No     |
| TESTS/EXAMS                                        | Cholesterol    |                      |                  | C                             | 1-476                                  |                                       |                         |                                 |
| (Year of Last One)                                 |                |                      |                  |                               | D                                      |                                       | Othe                    | r Blood Tests                   |
| ( Date of Edge of the                              | T.B. Test      |                      |                  |                               | -Ray                                   | <del></del>                           | Card                    | ogram                           |
| Have you had any of                                |                |                      |                  |                               | m                                      |                                       | Denta                   | al Exam                         |
| these tests done?                                  | ☐ Anglogram    | Head                 | <del></del>      | □MRIS                         | can of Head                            |                                       |                         | mbar Puncture (Spinal Tap)      |
| If so, please check                                | ☐ CT Scan of   | Neck                 | · —              | ⊔MRIS                         | can of Neck                            |                                       |                         | G (Brain Wave)                  |
| and indicate year.                                 | ☐ CT Scan of   | Lower Back           |                  | □MRIS                         | can of Lower Back                      | (                                     |                         | G                               |
|                                                    |                |                      |                  | — □ Meck )                    | K-Rays                                 |                                       | пм₽                     | ulberg 005335                   |

MITCHELL S. GROBMAN, M.D. KAREN F. LEVIN, M.D.

July 28, 2011

Mr. Hans Mast 3416 W. Elm Street McHenry, IL 60050

RE: Paul Dulberg

Dear Mr. Mast,

Mr. Dulberg was previously seen by my associate, Dr. Mitchell Grobman, in 2002 for left ulnar neuropathy, and had surgery and essentially became asymptomatic by 2007 and who had never had difficulty in his right arm. Approximately a month prior to the evaluation, he had been holding a branch for a neighbor when the chainsaw came up and cut his right forearm. He was taken to Northern Illinois Medical Center where they put in inner stitches in the muscle and outer stitches. He originally had very significant pain, but as the pain was getting better, he started noticing that he had numbness in his fifth digit in the inner aspect of his forearm. He had not been dropping things. It was mostly just a tingling and a numb feeling. He denies ever having any right-sided symptoms or rightsided injuries. His examination was significant for a healing scar in the right forearm and for decreased light touch, pinprick, and temperature sensation in the ulnar distribution of the right arm. His strength was normal. Given the distribution, it was felt that this was a branch neuropathy to the sensory nerves. I did have him undergo nerve conductions to make sure that the median and ulnar nerves were all without involvement and they were. I recommended that he see a hand surgeon as well just to be certain that there were no other treatment options for him; however, most likely this was just a sensory branch neuropathy that may improve or may result in permanent numbness in the distribution that he was showing numbness. Mr. Dulberg should followup if any additional symptoms develop or if he wished to try any neuropathic pain treatment if it became painful and not just numb.

Sincerely,

Karen F. Levin, M.D.

KFL/klm

#### KAREN F. LEVIN, MD

| 1900 HOLLISTER DR., S           | UITE 250          |             |                        |
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ASS · CIATED NEUROLOGY, S.C. Mitchell S. Grobman, M.D. Karen F. Levin, M.D. Phone (847) 549-0055 1900 Hollister Drive, Suite 250, Libertyville, IL 60048, Fax (847) 549-0404 847) 546 : 3600 Patient Name: D.O.B.: SS# Phone #: Home: Work: Send additional copy of report to: o neuroma or nen Diagnosis MRI Brain With Contrast C-Spine Without Contrast ☐ T-Spine anesthesiology administer sedation is medically LS-Spine necessary because of MRA Intracranial Extracranial Ultrasound\_ X-Ray CTWith Contrast ☐ Without Contrast TEE 24 Hour Holter Tilt Table To be read by Dr. EEG may sedate using gram(s) chloral hydrate if necessary Other\_ Labs carbamazepine phenytoin phenobarbital valproic acid gabapentin lupus anticoagulant 」 protein C protein S antithrombin III CBC w/plts folate activated protein C resistance thyroid profile TSH anticardiolipin antibody hepatic profile J PTT sedimentation rate basic metabolic profile B12 ANA with reflex testing glycohemoglobin RPR comprehensive metabolic profile immunofixation homocysteine Acetylcholine receptor antibodies

Mitchell S. Grobman, M.D.

Karen F. Levin, M.D.

Date Dulberg 005338

MITCHELL S. GROBMAN, M.D. KAREN F. LEVIN, M.D.

NEUROPHYSIOLOGY REPORT

Name: Dulberg, Paul Test No.: 12-0305

200

Date of Exam: 13 Mar 12

Consulting Doctor: Scott Sagerman, M.D.

| Motor | Nerve | Conduction: |
|-------|-------|-------------|
|-------|-------|-------------|

| Nerve and Site                      | Latency                    | Amplitude                     | Segment                                      | Latency          | Distance         | Conduction       |
|-------------------------------------|----------------------------|-------------------------------|----------------------------------------------|------------------|------------------|------------------|
| Median R<br>Wrist                   | 3.9 ms                     | 5.4 mV                        | •                                            | Difference       |                  | Velocity         |
| Elbow<br>Ulnar,R                    | 8.3 ms                     | 4.1 111.4                     | Wrist-Elbow                                  | 4.4 ms           | 240 mm           | 55 m/s           |
| Wrist<br>Below elbow<br>Above elbow | 3.0 ms<br>6.7 ms<br>8.4 ms | 12.2 mV<br>11.4 mV<br>11.3 mV | Wrist-Below elbow<br>Below elbow-Above elbow | 3.7 ms<br>1.7 ms | 220 mm<br>100 mm | 59 m/s<br>59 m/s |
| F.Waya Chudian                      |                            |                               |                                              |                  |                  |                  |

## F-Wave Studies:

| Nerve    | M-Latency | F-Latency |
|----------|-----------|-----------|
| Median.R | 3.9 ms    | 29.6 ms   |
| Ulnar.R  | 3.3 ms    | 28.7 ms   |
|          | olo III   | 20./ ms   |

## **Sensory Nerve Conduction:**

| Nerve and Site  Median R                           | Onset<br>Latency | Peak<br>Latency | Amplitude       | Segment                       | Latency<br>Difference | Distance | Conduction<br>Velocity |
|----------------------------------------------------|------------------|-----------------|-----------------|-------------------------------|-----------------------|----------|------------------------|
| Digit II (index finger) Ulnar.R Digit V (little 5: | 2.4 ms           | 3.2 ms          | 22 μV           | Wrist-Digit II (index finger) | 2.4 ms                | 130 mm   | 53 m/s                 |
| Digit V (little finger)                            | 2.0 ms           | 2.7 ms          | $28\mu\text{V}$ | Wrist-Digit V (little finger) | 2.0 ms                | 110 mm   | 55 m/s                 |

| Needle EMG Examination:  Muscle Flexor carpi radialis.R Flexor carpi ulnaris.R Extensor indicis proprius.R Ist dorsal interosseous.R Abductor digiti minimi (manus).R | Sip Fibs None None None None None None | Pontane +Waves None None None None None | Fase's<br>None<br>None<br>None<br>None | Poly<br>None<br>None<br>None<br>None | ional Act Amp Normal Normal Normal Normal | Dur<br>Normal<br>Normal<br>Normal<br>Normal |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------|----------------------------------------|--------------------------------------|-------------------------------------------|---------------------------------------------|
| Abductor pollicis brevis.R                                                                                                                                            | None<br>None                           | None<br>None                            | None<br>None                           | None<br>None                         | Normal Norm                               | Normal<br>Normal                            |

Interpretation: NCV: Motor: Right median and ulnar motor responses are within normal limits. F-wave: Right median and ulnar f-waves are within normal limits. Sensory: Right median and ulnar responses are within normal limits.

EMG: No denervation potentials are seen.

Conclusions: No electrophysiologic evidence of focal or diffuse peripheral neuropathy.

Karen F. Levin, M.D.



PATIENT: DULBERG, PAUL

MRN:

DOB:

1585839

03/19/1970

PHYSICIAN: LEVIN, MD, KAREN

EXAM:

MR FOREARM W/ AND

W/O 73220

DOS: 02/03/2012

EXAMINATION: MRI examination of the right forearm without and with intravenous contrast

CLINICAL HISTORY: History of right forearm trauma with a chainsaw. Possible neuroma, nerve impingement or injury in the forearm. Possible tendon disruption. It appears that the patient had some difficulty holding still during image acquisition. There is motion artifact on this examination. Weakness in the fourth and fifth fingers. Pain in the forearm and hand.

TECHNIQUE: Multiplanar T1 and T2-weighted spin-echo pulse sequences and STIR sequence. Post-infusion multiplanar T1-weighted sequences were performed. A skin marker was taped to the point of maximal symptoms.

Contrast: 15 cc of gadolinium was infused.

FINDINGS: There is no bone abnormality seen. The bone marrow signal characteristics are

There is no cystic or solid mass appreciated. The visualized muscles have normal signal

There is no abnormal soft tissue infiltration or induration. Specifically, in the area of the skin marker which is marking the point of maximal symptoms, there is no soft tissue abnormality appreciated.

There is no abnormality identified along the course of the ulnar nerve in the forearm.

IMPRESSION: There is no forearm abnormality appreciated. This does not exclude the possibility of an ulnar nerve impingement or injury but there is no gross mass or abnormal infiltration along the expected course of the ulnar nerve. No obvious tendon or muscle abnormality appreciated at this time.

Thank you for referring your patient to Open Advanced MRI. If you have any questions, Dr. Levin, please feel free to contact me at my direct line which is: 630.885.2100.

720 Rollins Road Round Lake Beach, IL 60073 Phone: 847-546-3600 Fax: 847-546-3633 www.openadvancedmri.com



DULBERG, PAUL MR FOREARM W/ AND W/O 73220 02/03/2012

Page 2 of 2

Thank you for referring your patient to Open Advanced MRI of Round Lake.

Moran A Markey, and
Electronically Signed By: THOMAS A. PREDEY MD

To the referring or consulting physician: If you would like to discuss this case in more detail or have any questions, please feel free to contact the author of this report:

Dr. lan Fisher (847) 414-5055, Dr. Jay Korach (847) 691-7673

MITCHELL S. GROBMAN, M.D. KAREN F. LEVIN, M.D.

# NEUROPHYSIOLOGY REPORT

Name: Dulberg, Paul

Test No.: 11-0802

Date of Exam: 10 Aug 11

| Nerve and Site  Median.R  | Latency                    | Amplitude                    | Segment                                      | Latency<br>Difference | Distance         | Conduction<br>Velocity |
|---------------------------|----------------------------|------------------------------|----------------------------------------------|-----------------------|------------------|------------------------|
| Wrist<br>Elbow<br>Ulnar.R | 3.9 ms<br>8.8 ms           | 9.1 mV<br>6.1 mV             | Wrist-Elbow                                  | 4.9 ms                | 255 mm           | 52 m/s                 |
| Below elbow 6.2 r         | 2.9 ms<br>6.2 ms<br>7.7 ms | 10.7 mV<br>10.1 mV<br>9.5 mV | Wrist-Below elbow<br>Below elbow-Above elbow | 3.3 ms<br>1.5 ms      | 180 mm<br>100 mm | 55 m/s<br>67 m/s       |

## F-Wave Studies:

| Nerve<br>Median R<br>Ulnar R | M-Latency 3.8 ms | F-Lateucy<br>30.9 ms |
|------------------------------|------------------|----------------------|
| Cilial.K                     | 2.9 ms           | 27.3 ms              |

## Sensory Nerve Conduction:

| Nerve and Site                              | Onset<br>Latency | Peak<br>Latency | Amplitude | Segment                       | Latency<br>Difference | Distance | Conduction<br>Velocity |
|---------------------------------------------|------------------|-----------------|-----------|-------------------------------|-----------------------|----------|------------------------|
| Median.R<br>Digit II (index fing<br>Ulnar.R | 2.3 ms           | 2.9 ms          | 22 μV     | Wrist-Digit II (index finger) | 2.3 ms                | 130 mm   | 57 m/s                 |
| Digit V (little fing                        | 2.0 ms           | 2.6 ms          | 28 μV     | Wrist-Digit V (little finger) | 2.0 ms                | 110 mm   | 55 m/s                 |

<u>Interpretation:</u> NCV: Motor: Right median and ulnar motor responses are within normal limits. F-wave: Right median and ulnar f-waves are within normal limits. Sensory: Right median and ulnar responses are within normal limits.

Conclusions: No electrophysiologic evidence of diffuse neuropathy.

Karen F. Levin, M.D.

CONTINUATION Dulberg, Paul 8-10-11 agre por NOV'S -> es branch sus es branch new enguy main modian & whan news are no Silvery were emprise somewhat several months to See hand suger as well 1-20-12 here eccam be re-evaluated. still getting numbers of fingling & brunning in Spots dison the What side of bards of hard when the description of he description of he description of he description of the description of He is feline for disability for dise direct Dein: I strenth grown (B) fronth digit abductor normal ad ductur c flexes of 5th digit & pair is ann geon is thered ? bump or end. Emp well v MPI Grean To Rto neuroma Ro diruptor of tenden or nerve FU D MRI. 15 MIN EXPENT O D Dulberg 005343 ITEM 07-0576231/8290

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| MEDICAL HISTORY                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |                                      |
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| Decreased Hearing                          | ☐ Sinus Pain ☐ Sore Throat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Stools: 🗆 Bloody 🗀 Black 🗀 I         | Pale ☐ Herpes ☐ AIDS (HIV)           |
| ☐ Ringing in Ear                           | ☐ Teeth/Gum Pain/Bleeding                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 🗆 Hemorrholds 🗀 Hemia                | ☐ Contact w/Blood or Body Fluids     |
| ☐ Failling Vision ☐ Eye Pain               | ☐ Chronic Cough                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☐ Urine Infections (frequent)        | ☐ Blood Transfucions                 |
| ☐ Double or ☐ Blurred Vision               | ☐ Hay Fever/Allergies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Urination: ☐ Overnight > twice       | ☐ Sevual Problems                    |
| ☐ Hoarseness                               | ☐ Pneumonia/Pleurisy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ☐ Painful ☐ Bloody ☐ No C            | Control Males: ☐ Prostate ☐ PSA Test |
| Difficulty Swallowing                      | ☐ Bronchitis/Emphysema ☐ Asthma/Wheezing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ☐ D e in Force/Flow                  | Females: Please complete rest.       |
| ☐ Convulsions/Seizures                     | ☐ Shortness of Breath:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ☐ Kidnı 1es                          | Monetonal Element                    |
| ☐ Stroke ☐ Head Injury                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☐ Venereal Disease/Genital Wa        | Age Started                          |
| ☐ Tremor/Hands Shaking                     | ☐ On Exertion ☐ Lying Flat☐ Chest Pain or Tightness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ☐ Urethral Discharge                 | ☐ Reg. ☐ Irreg. ☐ Pain/Cramps        |
| Muscle Weakness                            | ☐ High Blood Pressure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ☐ Anemia ☐ Bruise Easily             | Days of Flow                         |
| Numbness/Tingling Sensations               | ☐ Heart Murmur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Cancer (Type)                        |                                      |
| ☐ Back Pain                                | · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ☐ Diabetes ☐ Excessive Thirs         | Length of Cycle Days                 |
| ☐ Foot Pain ☐ Cold Numb Feet               | ☐ Irregular Pulse ☐ Palpitations ☐ High Cholesterol/Fat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ☐ Thyroid Disease                    | 1st Date of Last Period              |
| ☐ Difficulty Sleeping                      | Swollen Ankles Blood Clots                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Arthritis/Rheumatism                 | Number of:                           |
| ☐ Memory Loss ☐ Phobias                    | ☐ Calf Pain When Walking                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ☐ Bone Fracture/Joint Injury         | Pregnancies Abortions                |
| Difficulty Walking                         | ☐ Varicose Veins/Phlebitis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ☐ Gout ☐ Osteoporosis                | Miscarriages Live Births             |
| ☐ Difficulty Speaking                      | Loss of Appetite (recent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ☐ Rashes ☐ Hives                     | ☐ Pain/Bleeding During Sex           |
| □Imbalance                                 | ☐ Indigestion/Heartburn                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ☐ Eczema ☐ Psoriasis                 | Birth Control Method                 |
| Neck Pain 🗌 Facial Pain                    | ☐ Persistent Nausea/Vomiting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ☐ Nervousness ☐ Depression           |                                      |
| ☐ Meningitis/Encephalitis                  | ☐ Peptic Ulcer/Abdominal Pain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ☐ Moodiness ☐ Excessive Stre         |                                      |
| ☐ Weight Loss or ☐ Gain                    | ☐ Gall Bladder Trouble                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ☐ Mental Illness                     | ☐ Flushing/Menopause                 |
| ☐ Unusual Fatigue/Loss of Energy           | ☐ Jaundice/Hepatitis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ☐ Chicken Pox ☐ Polio ☐ Mu           |                                      |
| ☐ Frequent Ear Infections                  | ☐ Change in Bowel Habits                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ☐ Measles ☐ German Measles           |                                      |
| ☐ Giaucoma ☐ Cataracts                     | Diarrhea ⊕ Constipation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ☐ Lyme Disease                       | Date of Last Mammogram               |
|                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☐ Rheumatic Fever ☐ Scarlet F        | Fever                                |
| YEAR ILLNESS OR OPE                        | Indicate the year of hospitalization and ERATION YEAR ILLN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                      |                                      |
| Left ARM                                   | The Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the La | ESS OR OPERATION YEAR                | ILLNESS OR OPERATION                 |
| Alwer Near                                 | IC TRANS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |                                      |
| MEDICATIONS                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |                                      |
| List all that No Droxin                    | J                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      |                                      |
| you take                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      | DRUG ALLERGIES                       |
| include those                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      | MONE                                 |
| you buy<br>without a                       | İ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      | 1/00/0                               |
| prescription.                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |                                      |
| FAMILY HISTORY /                           | f any blood valation has not                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      |                                      |
|                                            | f <u>any blood relative</u> has suffered any of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | the following, please check below an | d Indicate which relative.           |
| ☐ Epitepsy (Seizures) ☐ Migraine Headaches | □ Anemia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ☐ High Blood Pressure                | 1                                    |
| □ lyingraine Headaches □ Stroke            | ☐ Diabetes ☐ Bleeds Easily                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ☐ High Cholesterol                   |                                      |
| ☐ Other Neurologic Disease                 | ☐ Thyroid Goiter ☐ Clotting Disorder                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | r ☐ Alcoholism                       |                                      |
| ☐ Mental Illness                           | ☐ Hay Fever ☐ Arthritis ☐ Asthma ☐ Heart Disease                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ☐ Genetic Disease                    |                                      |
| Cigarotton / D                             | Li tiodit Disease                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Cancer (Type)                        |                                      |
|                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Drinks/Week Coffee: 2 Cups/Day       | Regular Exercise: ☐ Yes 🖪 No         |
| Quit Smoking:                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | igs: NONE                            |                                      |
| TESTS/EXAMS Cholester                      | rolSuga                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                      |                                      |
| ear of Last One) Rectal                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -4 V 6                               | Other Blood Tests                    |
| T.B. Test                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      | Cardiogram                           |
| ave you had any of Anglog                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      | Dental Exam                          |
| ese tests done? DCT Sca                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | RI Scan of Head                      | ☐ Lumbar Puncture (Spinal Tap)       |
| eo, prease crieux UCT Sca                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | il Scall of Neck                     | ☐ EEG (Brain Wave)                   |
| nd indicate year. DCT Sca                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ok V Dave                            | □ EMG                                |
|                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5K7C11Gy3                            | ☐ Myelognamerg 005346                |

ASS JIATED NEUROLOGY, S.C. Mitchell S. Grobman, M.D. Karen F. Levin, M.D. Phone (847) 549-0055 1900 Hollister Drive, Suite 250, Libertyville, IL 60048, Fax (847) 549-0404 Patient Name: D.O.B.: SS# Phone #: Home: Work: Send additional copy of report to: o nurvina or never or Diagnosis MRI Brain With Contrast C-Spine Without Contrast T-Spine anesthesiology administer sedation is medically LS-Spine necessary because of ■ MRA Intracranial Extracranial Ultrasound X-Ray CT With Contrast Without Contrast Echo TEE 24 Hour Holter Tilt Table To be read by Dr.\_\_\_\_\_ may sedate using gram(s) chloral hydrate if necessary Other Labs \_\_ carbamazepine phenytoin phenobarbital valproic acid gabapentin lupus anticoagulant protein C protein S antithrombin III CBC w/plts folate activated protein C resistance thyroid profile TSH anticardiolipin antibody hepatic profile PTT sedimentation rate basic metabolic profile B12 ANA with reflex testing glycohemoglobin □ RPR comprehensive metabolic profile

Acetylcholine receptor antibodies

homocysteine

immunofixation

MITCHELL S. GROBMAN, M.D. KAREN F. LEVIN, M.D.

## NEUROPHYSIOLOGY REPORT

Name: Dulberg, Paul

Test No.: 11-0802

Date of Exam: 10 Aug 11

| Nerve and Site                                 | Latency                    | Amplitude                    | Segment                                      | Latency          | Distance         | Conduction       |
|------------------------------------------------|----------------------------|------------------------------|----------------------------------------------|------------------|------------------|------------------|
| Median R<br>Wrist<br>Elbow<br>Ulnar R<br>Wrist | 3.9 ms<br>8.8 ms           | 9.1 mV<br>6.1 mV             | Wrist-Elbow                                  | Difference       | 255 mm           | Velocity  52 m/s |
| Below elbow<br>Above elbow                     | 2.9 ms<br>6.2 ms<br>7.7 ms | 10.7 mV<br>10.1 mV<br>9.5 mV | Wrist-Below elbow<br>Below elbow-Above elbow | 3.3 ms<br>1.5 ms | 180 mm<br>100 mm | 55 m/s<br>67 m/s |

#### F-Wave Studies:

| Nerve    | M-Latency | F-Latency |
|----------|-----------|-----------|
| Median.R | 3.8 ms    | 30.9 ms   |
| Ulnar.R  | 2.9 ms    | 27.3 ms   |

## **Sensory Nerve Conduction:**

| Nerve and Site                        | Onset<br>Latency |        | Amplitude | Segment                       | Latency<br>Difference | Distance | Conduction<br>Velocity |
|---------------------------------------|------------------|--------|-----------|-------------------------------|-----------------------|----------|------------------------|
| Median.R Digit II (index fing Ulnar,R | 2.3 ms           | 2.9 ms | 22 μV     | Wrist-Digit II (index finger) | 2.3 ms                | 130 mm   | 57 m/s                 |
| Digit V (little fing                  | 2.0 ms           | 2.6 ms | 28 μV     | Wrist-Digit V (little finger) | 2.0 ms                | 110 mm   | 55 m/s                 |

<u>Interpretation:</u> NCV: Motor: Right median and ulnar motor responses are within normal limits. F-wave: Right median and ulnar f-waves are within normal limits. Sensory: Right median and ulnar responses are within normal limits.

Conclusions: No electrophysiologic evidence of diffuse neuropathy.

Karen F. Levin, M.D.

CONTINUATION Dulberg, Paul 8-10-11 apre for Nev's - normal. This is branch new enging main modian & whan news are n Elbely well empresses somew of next several months somewhal rand sureun de wee he be re-evaluated. still alter numbers
of fingling & bruner, er spots disson the
Whom side of burden & hard

If he lends has little fenge in the
aggravates the pain & pets it off all day 1-20-12 here vecaus He is feline for disability for dise direct related to the bun: Istunth grown (B) fronth digit abductor normal ad ductur 3 con va poused? bump on end. Somp well v MPT Gream to Ro neuroma Ro diruptur of tenden or news Fly p MRJ. 15 Min spent of Dulberg 005349

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|----------------------------------|-----------------------------------------------|-------------------------|-----------------|-------------------------------|------------|
| 106-86.                          | ASSC                                          | OCIATED NEUROLOGY, S.C. |                 |                               |            |
| NAME Dulhova Dro                 |                                               |                         |                 |                               |            |
| MENTAL S TATUS                   | u _                                           | ₩ <u>F</u>              | A               | L HANDED                      |            |
|                                  |                                               |                         |                 |                               |            |
|                                  |                                               | •                       |                 | •                             | •          |
| R CRANIAL NERVES L               | T                                             | EXPLANATORY NOTES       | □R              | DECLEVES                      |            |
| ☐ SMELL                          |                                               |                         | U n ,           | REFLEXES                      | L []       |
| □ VISION                         | <u> </u>                                      |                         | _               | $\mathcal{C}$                 | . •        |
| □ ACUITY                         |                                               |                         | $\dashv$        | へ 人 少                         |            |
| ☐ FIELDS                         |                                               |                         |                 |                               | •          |
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| □ FUNDUS                         | <del></del>                                   |                         |                 | } {                           |            |
| OPTIC DISC                       |                                               |                         |                 | ☐ HOFFMAN                     |            |
| VESSELS                          |                                               |                         | <u>-</u>        | ☐ TROMNER                     | •          |
| FOVEA                            |                                               |                         |                 | □ PM                          |            |
| □LIOS                            |                                               |                         |                 | GRASP                         | •          |
| ☐ OCULAR MOVEMENT                |                                               |                         | □ SUCK          | 2 3, 1, 13,                   |            |
| 2 3333 WINDYEMEN                 |                                               |                         | SNOUT           |                               |            |
|                                  |                                               |                         | ☐ GLABELLAR     |                               |            |
| □NYSTAGMUS                       |                                               |                         | JAW             |                               |            |
| □ PUPILS                         |                                               |                         | _               |                               | •          |
| ☐ SIZE / SHAPE                   | <b></b>                                       |                         | □R              | GAIT                          | <b>L</b> 🗆 |
| □ SIZE/ SHAPE □ LIGHT            |                                               | :                       |                 | ☐ SPONTANEOUS                 |            |
| CONSENSUAL                       |                                               |                         |                 | ☐ ON TOES                     |            |
| ☐ CONSENSUAL                     |                                               |                         |                 | ON HEELS                      |            |
| ☐ CORNEAL REFLEX                 | ,                                             |                         |                 | ☐ ARM SWING                   |            |
| ☐ FACIAL SENSATION               |                                               |                         | -               | BASE                          |            |
| ☐ PIN                            |                                               |                         | 1               |                               |            |
|                                  |                                               |                         | POSTURE         |                               |            |
| ☐ LIGHT TOUCH ☐ MUSC, OF MASTIC. |                                               | <del></del>             | STABILITY       |                               |            |
|                                  |                                               | 5                       | □ ROMBERG       |                               |            |
| ☐ FACIAL MUSCLES                 | - cu                                          | <i></i>                 | TANDEM ROM      | IBERG                         |            |
| □ UPP€R                          |                                               |                         | ]               | CENTRAL                       |            |
| LOWER                            | ļ                                             |                         | _               | GENERAL                       | _          |
| ☐ TASTE                          |                                               |                         | _               | ☐ CAROTID PULS ☐ CAROTID BRUI |            |
| ☐ AUDITORY ACUITY                |                                               |                         | -               | ☐ PERIPHERAL P                |            |
| ☐ SOFT PALATE                    |                                               |                         |                 | ☐ TINEL                       | OLSC       |
| GAG                              |                                               |                         |                 | ☐ PHALEN                      |            |
| ☐ STERNOMASTOID                  | <u> </u>                                      |                         | 1               | ☐ NECK ROM                    |            |
| ☐ TRAPEZIUS                      | <br>                                          |                         | -               | ☐ ROM AT WAIST                |            |
| ☐ TONGUE                         |                                               |                         | 1               | ☐ STRAIGHT LEG                |            |
| □R COORDINATION L□               |                                               |                         |                 | ☐ PARASPINAL TI               |            |
|                                  |                                               |                         | - □ CARDIAC MUI |                               |            |
| □ FNF                            |                                               | ,-4,-44                 | ☐ KERNIG        |                               |            |
| □ HKS                            | <del></del>                                   |                         | ☐ BAUDZINSKI    |                               |            |
| R APID ALTERNATING MOVEMENTS     |                                               |                         | ☐ L'HERMITTES   | 5. Hing                       |            |
| ☐ TONGUE                         |                                               |                         | ]               | 5:11110                       |            |
| HANDS                            |                                               |                         |                 | SUPINE                        | STANDING   |
| ☐ FINGERS                        | <u>, , , , , , , , , , , , , , , , , , , </u> |                         | BP              | 104/68                        |            |
| □ FOOT                           |                                               | 4-4                     | HR              | Dulberg 005350                |            |

HEALTH QUESTIONNAIRE ASSOCIATED NEUROLOGY, S.C. Patient's Name: . Handedness: 🏋 Bight □ Left **REASON FOR VISIT** Right To **MEDICAL HISTORY** If you have had any of the following symptoms or diseases, please check (/) and indicate at what age. Headaches ☐ Frequent Nosebleeds ☐ Bowel Polyps ☐ Crohn's/Colitis ☐ Tuberculosis ☐ Dizzy or ☐ Fainting Spells ☐ Sinus Pain ☐ Sore Throat Stools: Bloody Black Pale ☐ Herpes ☐ AIDS (HIV) ☐ Decrea sed Hearing ☐ Teeth/Gum Pain/Bleeding ☐ Hemorrhoids ☐ Hemia ☐ Contact w/Blood or Body Fluids ☐ Ringing; in Ear ☐ Chronic Cough ☐ Urine Infections (frequent) ☐ Blood Transfusions ☐ Failing Vision ☐ Eye Pain ☐ Hay Fever/Allergies Urination: ☐ Overnight > twice ☐ Sexual Problems ☐ Double or ☐ Blurred Vision ☐ Pneumonia/Pleurisy ☐ Painful ☐ Bloody ☐ No Control Males: ☐ Prostate ☐ PSA Test ☐ Hoarse ness ☐ Bronchitis/Emphysema  $\Box$  D e in Force/Flow Females: Please complete rest. ☐ Difficulty Swallowing ☐ Asthma/Wheezing ☐ Kidne ies Menstrual Flow: ☐ Convulsions/Seizures ☐ Shortness of Breath: ☐ Venereal Disease/Genital Warts Age Started ☐ Stroke ☐ Head Injury ☐ On Exertion ☐ Lying Flat ☐ Urethral Discharge ☐ Reg. ☐ Irreg. ☐ Pain/Cramps ☐ Tremor/Hands Shaking ☐ Chest Pain or Tightness ☐ Anemia ☐ Bruise Easily Days of Flow \_\_\_ Muscle Weakness ☐ High Blood Pressure ☐ Cancer (Type) \_\_\_\_\_ Numbn ess/Tingling Sensations Length of Cycle \_\_\_\_\_ Days ☐ Heart Murmur ☐ Diabetes ☐ Excessive Thirst Back Pain 1st Date of Last Period ☐ Irregular Pulse ☐ Palpitations ☐ Thyroid Disease ☐ Foot Pain ☐ Cold Numb Feet Number of: ☐ High Cholesteroi/Fat ☐ Arthritis/Rheumatism ☐ Difficulty Sleeping ☐ Swollen Ankles ☐ Blood Clots \_\_\_\_ Pregnancies \_\_\_\_ Abortions ☐ Bone Fracture/Joint Injury ☐ Memory Loss ☐ Phobias \_\_\_ Miscarriages \_\_\_\_ Live Births Calf Pain When Walking ☐ Gout ☐ Osteoporosis ☐ Difficulty Walking ☐ Pain/Bleeding During Sex ☐ Varicose Veins/Phlebitis ☐ Rashes ☐ Hives ☐ Difficulty Speaking ☐ Loss of Appetite (recent) Birth Control Method \_\_\_\_\_ ☐ Eczema ☐ Psoriasis ☐ Imbalance ☐ Indigestion/Heartburn If B.C. Pill, Name \_\_\_ ☐ Nervousness ☐ Depression 🛛 Neck Pain 🔲 Facial Pain ☐ Persistent Nausea/Vorniting ☐ Moodiness ☐ Excessive Stress ☐ Infertility History ☐ Meningitis/Encephalitis ☐ Peptic Ulcer/Abdominal Pain ☐ Mental Iliness ☐ Flushing/Menopause ☐ Weight Loss or ☐ Gain ☐ Gall Bladder Trouble ☐ Chicken Pox ☐ Polio ☐ Mumps Date of Last PAP Test \_ ☐ Unusua I Fatigue/Loss of Energy ☐ Jaundice/Hepatitis ☐ Measles ☐ German Measles ☐ Normal ☐ Abnormal ☐ Frequent Ear Infections ☐ Change in Bowel Habits ☐ Lyme Disease Date of Last Mammogram ☐ Glaucorna ☐ Cataracts ☑ Diarrhea ☑ Constination ☐ Rheumatic Fever ☐ Scarlet Fever ☐ Normal ☐ Abnormal HOSPITAL ADMISSIONS Indicate the year of hospitalization and the reason. Do not include normal pregnancies. ILLNESS OR OPERATION YEAR ILLNESS OR OPERATION YEAR ILLNESS OR OPERATION Let ARM MEDICATIONS NaproxiN **DRUG ALLERGIES** List all that vou take include those you bury without a prescription. If any blood relative has suffered any of the following, please check below and indicate which relative. FAMILY HISTORY ☐ Epilepsy (Seizures) □ Glaucoma ☐ Anemia ☐ High Blood Pressure ☐ Migraine Headaches □ Diabetes ☐ Bleeds Easily ☐ High Cholesterol Stroke ☐ Thyroid Goiter ☐ Clotting Disorder ☐ Alcoholism ☐ Other Neurologic Disease ☐ Hay Fever ☐ Arthritis ☐ Genetic Disease ☐ Mental Iliness ☐ Asthma ☐ Heart Disease ☐ Cancer (Type) Cigarettes: \_\_\_ Packs/Day for # Years Alcohol: Drinks/Week Coffee: 2 Cups/Day Regular Exercise: ☐ Yes 점No HABITS Street Drugs: NonE Quit Smoking: \_\_\_\_ Years Ago Cholesterol TESTS/EXAMS Sugar Other Blood Tests \_\_\_\_\_ Rectal\_ Chest X-Ray Year of Last One) Cardiogram \_\_\_\_\_ T.B. Test Eye Exam \_\_\_\_\_ Dental Exam Have you had any of ☐ Angiogram \_\_\_ MRI Scan of Head \_\_\_\_\_ □ Lumbar Puncture (Spinal Tap)\_\_\_\_ these tests done? ☐ CT Scan of Head \_\_\_\_\_ ☐ MRI Scan of Neck ☐ EEG (Brain Wave) \_\_\_\_\_ lf so, please check . ☐ CT Scan of Neck \_\_\_ MRI Scan of Lower Back □ EMG\_ and indicate year. ☐ CT Scan of Lower Back \_\_\_\_\_ □ Neck X-Rays \_\_\_ ☐ Myelographerg 005351—

MITCHELL S. GROBMAN, M.D. KAREN F. LEVIN, M.D.

July 28, 2011

Mr. Hans Mast 3416 W. Elm Street McHenry, IL 60050

RE: Paul Dulberg

Dear Mr. Mast,

Mr. Dulberg was previously seen by my associate, Dr. Mitchell Grobman, in 2002 for left ulnar neuropathy, and had surgery and essentially became asymptomatic by 2007 and who had never had difficulty in his right arm. Approximately a month prior to the evaluation, he had been holding a branch for a neighbor when the chainsaw came up and cut his right forearm. He was taken to Northern Illinois Medical Center where they put in inner stitches in the muscle and outer stitches. He originally had very significant pain, but as the pain was getting better, he started noticing that he had numbress in his fifth digit in the inner aspect of his forearm. He had not been dropping things. It was mostly just a tingling and a numb feeling. He denies ever having any right-sided symptoms or rightsided injuries. His examination was significant for a healing scar in the right forearm and for decreased light touch, pinprick, and temperature sensation in the ulnar distribution of the right arm. His strength was normal. Given the distribution, it was felt that this was a branch neuropathy to the sensory nerves. I did have him undergo nerve conductions to make sure that the median and ulnar nerves were all without involvement and they were. I recommended that he see a hand surgeon as well just to be certain that there were no other treatment options for him; however, most likely this was just a sensory branch neuropathy that may improve or may result in permanent numbness in the distribution that he was showing numbness. Mr. Dulberg should followup if any additional symptoms develop or if he wished to try any neuropathic pain treatment if it became painful and not just numb.

Sincerely,

Evin, Mi) Karen F. Levin, M.D.

KFL/klm

ASS LIATED NEUROLOGY, S.C. Mitchell S. Grobman, M.D. Karen F. Levin, M.D. Phone (847) 549-0055 1900 Hollister Drive, Suite 250, Libertyville, IL 60048, Patient Name: 10 **D.O.B.:** SS# Phone #: Home: Work: Send additional copy of report to: nunma 02 Diagnosis MRI ☐ Brain ☐ With Contrast C-Spine

| Г      | ] T-Spine                 | Without Contrast              |                                   |
|--------|---------------------------|-------------------------------|-----------------------------------|
|        | LS-Spine                  | anesthesiology admini         | ster sedation is medically        |
| Mira   | Intracranial Extracranial | Amel upper                    | est (R) non joint 2 85            |
| Ultras | ound                      |                               | ☐ X-Ray                           |
| CT     |                           |                               | With Contrast Without Contrast    |
| ☐ Echo | TEE 24 Hour Holter        | Tilt Table To b               | e read by Dr                      |
| EEG    | may sedate using gram(    | s) chloral hydrate if necessa | ry Other                          |
| Labs   | arbamazepine              | phenytoin                     | phenobarbital                     |
|        | valproic acid             | gabapentin                    | lupus anticoagulant               |
|        | protein C                 | protein S                     | antithrombin III                  |
|        | CBC w/plts                | folate                        | activated protein C resistance    |
|        | thyroid profile           | □тѕн                          | anticardiolipin antibody          |
|        | hepatic profile           | ☐ PTT                         | sedimentation rate                |
|        | basic metabolic profile   | ☐ B12                         | ANA with reflex testing           |
|        | glycohemoglobin           | ☐ RPR                         | comprehensive metabolic profile   |
|        | immunofixation            | homocysteine                  | Acetylcholine receptor antibodies |
|        |                           | 7 🗆                           |                                   |
| Mitche | Il S. Grobman, M.D. Kare  | en F. Levin, M.D.             | 7-30-/2<br>Date Dulberg 005353    |

MITCHELL S. GROBMAN, M.D. KAREN F. LEVIN, M.D.

#### **NEUROPHYSIOLOGY REPORT**

Name: Dulberg, Paul

Test No.: 11-0802

Date of Exam: 10 Aug 11

**Motor Nerve Conduction:** 

| Nerve and Site                                 | Latency                    | Amplitude                    | Segment                                      | Latency<br>Difference | Distance         | Conduction<br>Velocity |
|------------------------------------------------|----------------------------|------------------------------|----------------------------------------------|-----------------------|------------------|------------------------|
| Median.R<br>Wrist<br>Elbow                     | 3.9 ms<br>8.8 ms           | 9.1 mV<br>6.1 mV             | Wrist-Elbow                                  | 4.9 ms                | 255 ոսո          | 52 m/s                 |
| Ulnar.R<br>Wrist<br>Below elbow<br>Above elbow | 2.9 ms<br>6.2 ms<br>7.7 ms | 10.7 mV<br>10.1 mV<br>9.5 mV | Wrist-Below elbow<br>Below elbow-Above elbow | 3.3 ms<br>1.5 ms      | 180 mm<br>100 mm | 55 m/s<br>67 m/s       |

#### F-Wave Studies:

| Nerve    | M-Latency | F-Latency |
|----------|-----------|-----------|
| Median.R | 3.8 ms    | 30.9 ms   |
| Ulnar.R  | 2.9 ms    | 27.3 ms   |

#### **Sensory Nerve Conduction:**

| Nerve and Site                        | Onset<br>Latency | Peak<br>Latency | Amplitude | Segment                       | Latency<br>Difference | Distance | Conduction<br>Velocity |
|---------------------------------------|------------------|-----------------|-----------|-------------------------------|-----------------------|----------|------------------------|
| Median R Digit II (index fing Ulnar R | 2.3 ms           | 2.9 ms          | 22 μV     | Wrist-Digit II (index finger) | 2.3 ms                | 130 mm   | 57 m/s                 |
| Digit V (little fing                  | 2.0 ms           | 2.6 ms          | 28 μV     | Wrist-Digit V (little finger) | 2.0 ms                | 110 mm   | 55 m/s                 |

<u>Interpretation:</u> NCV: Motor: Right median and ulnar motor responses are within normal limits. F-wave: Right median and ulnar f-waves are within normal limits. Sensory: Right median and ulnar responses are within normal limits.

**Conclusions:** No electrophysiologic evidence of diffuse neuropathy.

Karen F. Levin, M.D.

Associated Neurology, S.C.

Date: 04-04-13 ASSOCIATED NEUROLOGY SC Time: 14:19:19 Patient History (Applied View) Page: 1 Chart #18062 SSN# ASSOCIATED NEUROLOGY SC DULBERG, PAUL DOB 03-19-70 1900 HOLLISTER DRIVE 4606 HAYDEN COURT SUITE 250 From 07/01/11 MCHENTRY, IL 60051-7918 To 04/04/13 LIBERTYVILLE, IL 60048-5249 Home- (847) 497-4250 Office- (815 Practice-(847) 549-0055 Procedure Description Code Prov Chg Amount R IB Balance Fam.Bal Ins.Bal Carr D**a**te Check # Pay/Cr PavSrc INITIAL OFFICE EVALUATION 07-28-11 99203 KFL C 225.00 N NN 0.00 0.00 0.00 07-28-11 PPCASH KFL Ρ -135.00 N PATNT 08-10-11 PPCREDITCD KFL -90.00 N PATNT MOTOR NCS WITH F WAVE 08 -10-11 95903 C  $\mathtt{KFL}$ 540.00 N **NN** 540.00 540.00 0.00 SENSORY NCS 08 -10-11 95904 C  $\mathsf{KFL}$ 390.00 N NN 390.00 390.00 0.00 RETURN OFFICE EVALUATION 01 -30-12 99213 KFL 105.00 N NN 0.00 0.00 0.00 01 -30-12 PPCREDITCD KFL -105.00 N PATNT RETURN OFFICE EVALUATION C 02 -13 -12 99212 KFL 75.00 N NN0.00 0.00 0.00 Ρ 02 -13-12 PPCREDITCD KFL -75.00 N PATNT EMG COMPLETE 5+MUSCLES 3+NERVES 4+SPINAL С 03 -13-12 95886 KFL 485.00 N NN 485.00 485.00 0.00 MOTOR NCS WITH F WAVE 03 -13-12 95903 KFL 540.00 N NN 540.00 540.00 0.00 SENSORY NCS 03 -13-12 95904  $\mathsf{KFL}$ 390.00 N NN390.00 390.00 0.00 COPY OF MEDICAL RECORDS/ FORM FEE C 05 -04-12 99080 KFL 33.17 N NN 0.00 0.00 0.00 05-04-12 OPMEDLEG KFL-33.17 N PATNT 18 17 RETURN OFFICE EVALUATION C 05 - 16 - 12 99212 KFL75.00 N NN 75.00 75.00 0.00 COPY OF MEDICAL RECORDS/ FORM FEE C 07-26-12 99080 KFL 67.86 N NN 0.00 0.00 0.00 07-26-12 OPMEDLEG  $\mathtt{KFL}$ -67.86 N PATNT 1812 COPY OF MEDICAL RECORDS/ FORM FEE C 07-31-12 99080  $\mathsf{KFL}$ 20.00 0.00 0.00 N NN 0.00 Ρ

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|          | nte: 04-04-<br>me: 14:19:             | =                               |       | OCIATED NEURO:<br>t History (Ap)                    |          |                       |             |                             | Page:                      | 2             |
|----------|---------------------------------------|---------------------------------|-------|-----------------------------------------------------|----------|-----------------------|-------------|-----------------------------|----------------------------|---------------|
| DU       | art #18062<br>LBERG, PAU<br>06 HAYDEN | JL                              |       | SSN#<br>DOB 03-19-70                                |          |                       |             | ED NEUROL<br>LISTER DR<br>0 |                            |               |
| MC<br>Ho | HENTRY, IL<br>me- (847) 4             | 97-4250                         | Offic | From 07/01/1:<br>To 04/04/13<br>ce-(815<br>cription |          |                       |             | TLLE, IL<br>tice-(847       |                            |               |
| T<br>==  | Date<br>Check #                       | Code                            | Prov  | Chg Amount<br>Pay/Cr                                | R        | IB                    | Balance     | Fam.Bal                     |                            | Carr<br>aySrc |
| P        | 09 -12-12<br>19 35                    |                                 | KFL   | -20.00                                              | ==:<br>N | ====                  | :======     | ======                      |                            | PATNT         |
| Ρ        | 09 -12-12<br>19 55                    | OPMEDLEG                        | KFL   | -18.37                                              | N        |                       |             |                             |                            | PATNT         |
| C<br>P   | 11 -21-12<br>11 -21-12<br>00 668054   | SUBPOEN<br>99075 17<br>OPMEDLEG |       | 67.86<br>-67.86                                     |          | NN                    | 0.00        | 0.00                        | 0.00                       | PATNT         |
| C<br>P   | 02 -04-13<br>02 -04-13                | RETURN (<br>99213<br>PPCREDITCD | KFL   | EVALUATION<br>115.00<br>-115.00                     |          | NN                    | 0.00        | 0.00                        | 0.00                       | PATNT         |
|          | Pat ient:<br>Insurance:               | Charges<br>3167.26<br>0.00      |       | eceipts<br>-747.26<br>0.00                          | De       | ebits<br>0.00<br>0.00 |             | edits<br>0.00<br>0.00       | Bala<br>2 <b>4</b> 20<br>0 |               |
| ŗ        | TOTALS:                               | (3167.26)<br>TOTAL              | ) (   | 747.26                                              |          | 0.00                  | <del></del> | 0.00                        | (2420<br>Owe               | .00)          |

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ASSOCIATED NEUHOLOGY SC 19 00 HOLLISTER DRIVE **SLJITE 250** LIBERTYVILLE, IL 60048-5249 FIETURN SERVICE REQUESTED

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| MASTERCARD C   | CHECK CARD USING FOR PAYI | MENT                                  |
| CARD NUMBER    |                           | AMOUNT                                |
| SIGNATURE      |                           | EXP. DATE                             |
| STATEMENT DATE | PAY THIS AMOUNT           | ACCT. #                               |
| 08/31/13       | 2420.00                   | 19316                                 |
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ADDRESSEE:

REMIT TO:

**PAUL DULBERG 4606 HAYDEN COURT** 

MCHENRY, IL 60051-7918

ASSOCIATED NEUROLOGY SC 1900 HOLLISTER DRIVE SUITE 250 LIBERTYVILLE, IL 60048-5249

### հալիկիցիկոնիինի հարկանիցինինին ինքանիինի

Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side

STATEMENT

| DATE             | PATIENT | DESCRIPTION                    | CHARGES PAYMENTS ADJUSTMENTS | INSURANCE/<br>ADJUSTMENTS<br>PAID | PATIENT<br>PAID | PATIENT<br>BALANCE<br>DUE |
|------------------|---------|--------------------------------|------------------------------|-----------------------------------|-----------------|---------------------------|
| 081011           | PAUL    | MOTOR NCS WITH F WAVE          | 540.00                       | 0.00                              | 0.00            | 540.00                    |
| 0 <b>8 1</b> 011 | PAUL    | SENSORY NCS                    | 390.00                       | 0.00                              | 0.00            | 390.00                    |
| 031312           | PAUL    | EMG COMPLETE 5+MUSCLES 3+NERVE | 485.00                       | 0.00                              | 0.00            | 485.00                    |
| 031312           | PAUL    | MOTOR NCS WITH F WAVE          | 540.00                       | 0.00                              | 0.00            | 540.00                    |
| 0 <b>3 1</b> 312 | PAUL    | SENSORY NCS                    | 390,00                       | 0.00                              | 0.00            | 390.00                    |
| 051612           | PAUL    | RETURN OFFICE EVALUATION       | 75.00                        | 0.00                              | 0.00            | 75.00                     |
| 0 <b>8 1</b> 413 | PAUL    | RETURN OFFICE EVALUATION       | 75.00                        | 0.00                              | 75.00           | 0.00                      |
| 0 <b>8 1</b> 413 | PAUL    | PATIENT PAYMENT                | -75.00                       |                                   |                 |                           |
|                  |         |                                |                              |                                   |                 |                           |
|                  |         |                                |                              |                                   |                 |                           |

ACCOUNT NUMBER:

19316

FOR QUESTIONS, PLEASE CALL PATIENT ACCOUNTS: (847) 549-0055

ITEMS MARKED WITH AN ASTERISK <\*> HAVE BEEN BILLED TO YOUR INSURANCE

| AGING     | CURRENT BALANCE | OVER 30 | OVER 60 | OVER 90 | OVER 120 | TOTAL   |
|-----------|-----------------|---------|---------|---------|----------|---------|
| INSURANCE | 0.00            | 0.00    | 0.00    | 0.00    | 0.00     | 0.00    |
| PATIENT   | 0.00            | 0.00    | 0.00    | 0.00    | 2420.00  | 2420.00 |

MAIKE CHECKS PAYABLE TO: ASSOCIATED NEUROLOGY SC

**PATIENT** 2420.00 Perry A. Accardo
Mary Jo Bonamino
Joseph P. Callahan
Christine Chrobak-Wastyn
Adam J. Coombe
Valerie E. Davis
Tammy S. Doran
Martin D. Kennelly
David Killen
Stephen G. Loverde

Law Office of M. Gerard Gregoire 200 North LaSalle Street, Suite 2650 Chicago, Illinois 60601-1092

> Fax (312) 558-9357 STAFF COUNSEL

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Mark A. Sukacz
Sal C. Tramontana
Stacy B. Walker
Stewart M. Zelmar

Paralegal 312-558-9846

Attorney 312-558-9821

January 31, 2013

Cicero, France, Barch & Alexander, P.C. 6323 East Riverside Blvd Rockford, IL 61114

Re: Dulberg vs. Gagnon, et al.

Court Number: 12LA000178 Date of Loss: June 28, 2011

Our File Number: 0245281968.1 SKO

#### Dear Counsel:

In response to your Notice to Produce, dated 10/1/2012, please be advised that we have none of the material requested except the following:

- 1. None other than those received via Compex subpoena; parties had notice of said subpoena.
- 2. Please see response to request number 1 above.
- 3. None.
- None.
- Please see response to request number 1 above.
- None.
- 7. None.
- 8. None.
- 9. None.

I, Perry A. Accardo, regarding my letter to Ronald A. Barch, Attorney(s) at Law, dated January 31, 2013, state that it is complete and in compliance with Supreme Court Rule 214 in disclosing discovery material in my possession requested by the Production Notice propounded on 10/1/2012, by Ronald A.Barch.

Sincerel

ce:

Hans A. Mast

Law Offices of Thomas J. Popovich, P.C.\*

3416 W Elm St McHenry, IL 60050 Perry A. Accardo
Mery Jo Bonamino
Joseph P. Callahan
Christine Chrobak-Wastyn
Adam J. Coombe
Valerie E. Davis
Tanmy S. Doran
Martin D. Kennelly
David Killen
Stephen G. Loverde

Law Office of M. Gerard Gregoire 200 North LaSalle Street, Suite 2650 Chicago, Illinois 60601-1092 Fax (312) 558-9357

Fax (312) 558-9357 STAFF COUNSEL

Allstate Insurance Company
Encompass Insurance
Esurance Insurance Company
All Attorneys are Employees of
Allstate Insurance Company

Shannon M. McCabe
Lucia Montaño
Terry A. Mueller
John H. Multen
Shothan E. Reddington
James J. Rosemeyer
Mark A. Sukacz
Sal C. Tramontana
Stacy B. Walker
Stewart M. Zelmar

This Office is not a Partnership or a Corporation

Attorney 312-558-9821 Administrative Assistant 312–558–9849 Paralegal 312-558-9846

January 31, 2013

Cicero, France, Barch & Alexander, P.C. 6323 East Riverside Blvd Rockford, IL 61114

Re: Dulberg vs. Gagnon, et al. Court Number: 12LA000178 Date of Loss: June 28, 2011

Our File Number: 0245281968.1 SKO

#### Dear Counsel:

In response to your Notice to Produce, dated 10/1/2012, please be advised that we have none of the material requested except the following:

- 1. None other than those received via Compex subpoena; parties had notice of said subpoena.
- 2. Please see response to request number 1 above.
- 3. None.
- 4. None.
- 5. Please see response to request number 1 above.
- 6. None.
- 7. None.
- 8. None.
- 9. None.

I, Perry A. Accardo, regarding my letter to Ronald A. Barch, Attorney(s) at Law, dated January 31, 2013, state that it is complete and in compliance with Supreme Court Rule 214 in disclosing discovery material in my possession requested by the Production Notice propounded on 10/1/2012, by Ronald A.Barch.

Sincerely

Hans A. Mast

Law Offices of Thomas J. Popovich, P.C.\*

3416 W Elm St McHenry, IL 60050

# BRAD J. BALKE, P.C. COUNSELORS AND ATTORNEYS AT LAW

SUITE 310 542 SOUTH DEARBORN STREET CHICAGO, ILLINOIS 60605

TELEPHONE (312) 986-8063 FAX (312) 986-8072 E-MAIL Address: <u>brad@balkelaw.com</u>

### **FACSIMILE TRANSMISSION COVER SHEET**

| DATE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TO FACSIMILE NUMBER: 815-344-5280                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| ATTENTION: Hans Mast                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| FROM: Brad J. Balke                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| NUMBER OF PAGES TO FOLLOW:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| SENDER'S FACSIMILE NO.: (312) 986-8072                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| SENDER'S TELEPHONE NO.: (312) 986-8063                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| IF PROBLEM WITH TRANSMISSION, CONTACT: Brad J. Balke                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| SUBJECT OF FACSIMILE TRANSMISSION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| The information contained in this facsimile transmission is attorney-client privileged and confidential 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 dissemination, distribution or copy of this transmission is strictly prohibited. If you have received this communication in error, please immediately notify the sender by telephone and return the original message to us at the address listed above via United States Mail. Thank you. |

THE LAW OFFICES OF THOMAS J. POPVICH PO

THE LAW OFFICES OF THOMAS J. POPVICH PC

MEMC.

RE: DULBERG (1/2 COST REIMBURSEMENT)

BR≥AD J. BALKE, P.C. / OPERATING ACCOUNT

3453

THE LAW OFFICES OF THOMAS J. POPVICH PC 766 · FILING FEES

3/20/2015

1,539.32

Cash -Operating

RE: DULBERG (1/2 COST REIMBURSEMENT)

1.539.32

BR. AD J. BALKE, P.C. / OPERATING ACCOUNT

3453

BERG (1/2 CT THE LAW OFFICES OF THOMAS J. POPVICH PC

766 · FILING FEES

3/20/2015

1,539.32

Cas h -Operating

RE: DULBERG (1/2 COST REIMBURSEMENT)

1.539.32









### The Law Offices of Thomas J. Popovich P.C.

3416 W. ELM STREET McHenry, Illinois 60050 Telephone: 815.344.3797

FACSIMILE: 815,344,5280

www.popovichlaw.com

MARK J. VOGG ROBERT J. LUMBER

THOMAS J. POPOVICH HANS A. MAST JOHN A. KORNAK

March 19, 2015

VIA FACSIMILE: 312/986-8072

Brad Balke Balke Law Office 542 S. Dearborn, Suite 310 Chicago, IL 60605

> RE: Frank Cavanaugh

Dear Mr. Balke:

In follow up to our communications via email, please allow this letter to reflect your agreement to waive your attorney's fee with regard to your representation of Frank Cavanaugh in this matter. In return, our office will be waiving any attorney fee (not costs) in the Paul Dulberg matter. Please sign the bottom of this letter confirming the agreement and return it to me at your earliest convenience.

Very truly yours,

smq.

I, Brad Balke, hereby waive my attorney's lien with regard to my representation of Frank Cavanaugh and his accident of May 30, 2012.

Brad Balke

210 NORTH MARTIN LUTHER KING JR. AVENUE WAUKEGAN, IL 60085

#### **Chris Conneely**

From:

Brad Balke <br/> <br/>brad@balkelaw.com>

Sent: To: Wednesday, March 18, 2015 10:22 AM chrisconneely@bansleybrescia.com

Subject:

FW: Dulberg

Please pay exactly half this amount to Thomas Popovich's business (McHenry, IL) on the Paul Dulberg file.

From: HANS MAST [mailto:hansmast@att.net]
Sent: Tuesday, March 17, 2015 12:01 PM

To: <a href="mailto:brad@balkelaw.com">brad@balkelaw.com</a>
Subject: Re: Dulberg

Our costs in Dulberg are \$3,078.64.

On Tuesday, March 17, 2015 6:53 AM, Brad Balke < brad@balkelaw.com > wrote:

Sounds fair to me.

Please forward the exact amount of your costs, so my accountant can cut a check.

----Original Message-----

From: Hans Mast [mailto:hansmast@att.net] Sent: Monday, March 16, 2015 12:46 PM

To: <u>brad@balkelaw.com</u>

Subject: Dulberg

Thanks for the call Brad. I wish you luck on this one. I recall that we have a case from a former client of yours Mr. Frank Cavanaugh. His case is a bit complicated as well. Do you want to just have a mutual agreement that our fee will be waived for Dolberg and your fee will be waived for Cavanaugh. Please advise.

As to our costs, it is understood that our costs will be fully reimbursed at the time of any settlement or recovery but that at this point prior to settlement you will pay us approx 50% of our costs which equals \$1,500 (I will confirm the exact number shortly)

Please confirm.

Hans

#### 11:45 AM

### 02/26/15

Accrual Basis

### Law Offices of Thomas J. Popovich, P.C. Unbilled Costs by Job

All Transactions

| Туре          | Num       | Date       | Source Name                        | Memo                                                  | Account        | Amount   |
|---------------|-----------|------------|------------------------------------|-------------------------------------------------------|----------------|----------|
| Duiberg, Par  | ul        |            |                                    |                                                       |                |          |
| Check         | 19289     | 12/13/2011 | Copy-Rite, Inc                     | Dulberg - records from Centegra McHenry               | Costs Advanced | 62.10    |
| Check         | 1817      | 5/3/2012   | Associated Neurology               | Dulberg - Medical Records                             | Costs Advanced | 33.17    |
| Check         | 1918      | 5/9/2012   | McHenry County Circuit Clerk       | Dulberg - Filing Fee                                  | Costs Advanced | 0.00     |
| Check         | 1938      | 5/10/2012  | McHenry County Circuit Clerk       | Dulberg - Filing Fee                                  | Costs Advanced | 241.00   |
| Check         | 2084      | 6/12/2012  | Minuteman Press of McHenry         | Dulberg - Copies                                      | Costs Advanced | 0.00     |
| Bili          | CH REQ Al | 8/23/2012  | Dynamic Hand & Physical Therapy    | Med Records-DULBERG, PAUL-fr Dynamic Hand & Phys Ther | Costs Advanced | 58.56    |
| Check         | 2576      | 9/17/2012  | MDS Investigations, Inc.           | Dulberg - Personal Services                           | Costs Advanced | 115.00   |
| Check         | 2702      | 9/26/2012  | Minuteman Press of McHenry         | Duiberg - Copies                                      | Costs Advanced | 14.68    |
| Check         | 2785      | 10/8/2012  | Minuteman Press of McHenry         | Dulberg - Copies                                      | Costs Advanced | 6.56     |
| Check         | 3096      | 11/26/2012 | Midwest ROI                        | Dulberg - Medical Records                             | Costs Advanced | 46.25    |
| Check         | 3129      | 11/29/2012 | Minuteman Press of McHenry         | Dulburg - Copies                                      | Costs Advanced | 9.75     |
| Check         | 3177      | 12/4/2012  | Northwest Community Hospital       | Dulberg - Medical Records                             | Costs Advanced | 76.27    |
| Check         | 3178      | 12/4/2012  | MidAmerica Hand to Shoulder Clinic | Dulberg - Medical Billing                             | Costs Advanced | 20.00    |
| Bill          | 13870     | 2/4/2013   | Urbanski Reporting Company, Inc.   | Deposition-DULBERG-dep of Gagnon                      | Costs Advanced | 772.90   |
| Check         | 3557      | 2/25/2013  | Michael McArtor                    | Dulberg - Subpoena for Deposition                     | Costs Advanced | 35.00    |
| Check         | 4317      | 7/2/2013   | Minuteman Press of McHenry         | Dulberg - Copies                                      | Costs Advanced | 86.75    |
| Check         | 4399      | 7/9/2013   | Urbanski Reporting Company, Inc.   | Dulberg - Deposition                                  | Costs Advanced | 972.10   |
| Bill          | 80587     | 11/19/2013 | Minuteman Press of McHenry         | 163 B/W copies - Dulberg                              | Costs Advanced | 35.45    |
| Bili          | 11-21-13  | 11/21/2013 | Deb Fisher                         | Deposition - DULBERG, PAUL - Dep of P Dulberg         | Costs Advanced | 453.20   |
| Bill          | 80723     | 12/11/2013 | Minuteman Press of McHenry         | 225 b/w copies                                        | Costs Advanced | 33,75    |
| Total Dulberg | g, Paul   |            |                                    |                                                       |                | 3,072.49 |
| TOTAL         |           |            |                                    |                                                       |                | 3,072.49 |

TC

#### 7:17 PM 05/18/15 Accrual Basiss

#### Brad J. Balke, P.C. Unbilled Costs by Job All Transactions

| Туре                             | Date                     | Source Name                       | Memo                                                | Account                                 | 8i     | Amount            |
|----------------------------------|--------------------------|-----------------------------------|-----------------------------------------------------|-----------------------------------------|--------|-------------------|
| Check<br>Check                   | 03/27/2015<br>04/24/2015 | DYNAMICSAFE<br>HEALTHPORT         | INV 12289 (MCGOWEN)<br>1663260 (INV0166708631)(MCGO | 736 · Outside Servi<br>765 · MEDICAL RE | U<br>U | 1,680.50<br>92.42 |
| Total MICHAEL MC                 | GOWAN                    |                                   |                                                     |                                         |        | 3,478.26          |
| MICHAEL R. INGRA                 |                          |                                   |                                                     |                                         |        |                   |
| Check                            | 04/10/2015               | MCHENRY COUNT                     | RE: MICHAEL R. INGRAM                               | 785 · MEDICAL RE                        | U      | 41.19             |
| Total MICHAEL R. II              |                          |                                   |                                                     |                                         |        | 41,19             |
| MIGDALIA GUERRA                  |                          |                                   | <b>55 105</b> 51111 -115-51                         |                                         |        |                   |
| Check<br>Check                   | 09/10/2014<br>03/27/2015 | ROI SOLUTIONS, I ROI SOLUTIONS, I | RE: MIGDALIA GUERRA<br>RE: GUERRA, M                | 765 · MEDICAL RE<br>765 · MEDICAL RE    | U<br>U | 52,63<br>53,60    |
| Check                            | 05/15/2015               | HEALTHPORT                        | 1663260 (INV0168223461)(GUERR                       | 765 MEDICAL RE                          | ŭ      | 106.94            |
| Check                            | 05/15/2015               | HEALTHPORT                        | 1663280 (INV0168338821)(GUERR                       | 765 · MEDICAL RE                        | ŭ      | 30,28             |
| Total MiGDALIA GU                | ERRA                     |                                   |                                                     |                                         | _      | 243.45            |
| MIKE EANNARING                   |                          |                                   |                                                     |                                         |        | - 1411-           |
| Check                            | 08/15/2013               | DR ROBERT A. SM,.,                | RE: MIKE EANNARINO                                  | 765 · MEDICAL RE                        | U      | 50.00             |
| Total MIKE EANNAF                | RINO                     |                                   |                                                     |                                         | _      | 50,00             |
| NATALIE TERUEL                   |                          |                                   |                                                     |                                         |        |                   |
| Check                            | 02/07/2014               | KANE COUNTY SH                    | RE; TERUEL                                          | 766 · FILING FEES                       | U      | 83.00             |
| Check                            | 02/07/2014               | KANE COUNTY CI                    | RE; TRUEL                                           | 766 · FILING FEES                       | U      | 276.00            |
| Check                            | 07/15/2014               | KANE COUNTY SH                    | RE: TERUEL                                          | 766 FILING FEES                         | U      | 83,00             |
| Check<br>Check                   | 09/03/2014<br>09/03/2014 | KANE COUNTY CI                    | RE: TERUEL V. MARTIN                                | 766 FILING FEES                         | Ü      | 10.00             |
|                                  |                          | ITS YOUR SE                       | INV 1405456 (TERUEL VS MAGALL,                      | 736 · Outside Servi                     | U _    | 300.00            |
| Total NATALIE TER                | UEL                      |                                   |                                                     |                                         |        | 752.00            |
| NICHOLAS THEIS<br>Check          | 05/15/2015               | LBIELA                            | DE: MOUSE AS THEIR                                  | 700 0 1 1 1 5 1                         |        |                   |
| ** **                            |                          | LBIELA                            | RE: NICHOLAS THEIS                                  | 736 · Outside Servi,                    | U _    | 150,00            |
| Total NICHOLAS TH                |                          |                                   |                                                     |                                         |        | 150.00            |
| PATRICIA LUDWIG<br>Credit Card C | 12/10/2014               | LEXIS NEXIS                       |                                                     | 700 EN NO EEEO                          |        | 40.00             |
| Total PATRICIA LUE               |                          | LUNIO MENIO                       |                                                     | 766 · FILING FEES                       | U _    | 13.00             |
|                                  | JANIG                    |                                   |                                                     |                                         |        | 13,00             |
| PAUL DULBERG<br>Check            | 03/20/2015               | THE LAW OFFICE                    | RE: DULBERG (1/2 COST REIMBU                        | 766 · FILING FEES                       | U      | 1,539,32          |
| Total PAUL DULBER                |                          | THE EAST OF FOLIS                 | TE. BOLDENO (1)2 OCCUPATION INDO                    | 700 1121101220                          | ٠ _    | 1,539.32          |
| PAUL GRUBISIC                    |                          |                                   |                                                     |                                         |        | 1,000.02          |
| Check                            | 03/19/2015               | ILLINOIS STATE P                  | RE: PAUL GRUBISIC                                   | 786 · FILING FEES                       | U      | 5.00              |
| Total PAUL GRUBIS                | sic                      |                                   |                                                     |                                         |        | 5.00              |
|                                  |                          |                                   |                                                     |                                         |        | 3,00              |

Page 2

## IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUDICIAL CIRCUIT McHENRY COUNTY, ILLINOIS

| MADRICITE COUNT                                                                                                                     | 1,11211(015                               |
|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| PAUL DULBERG,                                                                                                                       | )                                         |
| Plaintiff,                                                                                                                          | ý                                         |
| v.                                                                                                                                  | ) No. 12 LA 178                           |
| DAVID GAGNON, Individually, and as Agent of CAROLINE McGUIRE and BILL McGUIRE, and CAROLINE McGUIRE And BILL McGUIRE, Individually, | )<br>)<br>)<br>)                          |
| Defendant(s).                                                                                                                       | ,                                         |
| RELEASE OF ATTO                                                                                                                     | RNEYS' LIEN                               |
| 1. I, Hans Mast, on behalf of Thomas J. Pop                                                                                         | ovich, P.C. and any related entities,     |
| agree to waive any all claim to attorneys' fees in                                                                                  | the above-titled matter. I expressly give |
| Brad J. Balke, P.C. Power of Attorney to endorse                                                                                    | e signature on all checks. I reserve      |
| reimbursement for costs.                                                                                                            |                                           |
| My firm's Tax ID # is:                                                                                                              | · · · · · · · · · · · · · · · · · · ·     |
|                                                                                                                                     | 3-23-15                                   |
| Neme                                                                                                                                | Date                                      |

## RELEASE OF CLIENT TRUST ACCOUNT FUNDS (3/23/2015) PAUL DULBERG

### FUNDS ON DEPOSIT f/b/o PAUL DULBERG WITHIN CLIENT TRUST ACCOUNT OF THE LAW OFFICES OF THOMAS J. POPOVICH, P.C.:

5,000.00

S

#### LESS:

Costs Advanced by Law Offices of Thomas J. Popovich, P.C. \$ (3,078.64)

\*\*TOTAL EXPENSES TO BE RECOVERED AT THIS TIME\*: \$

CASE LIENS AND/OR OUTSTANDING BALANCES: \*

| Hand Surgery Associates          | \$<br>(9,444.00)  |
|----------------------------------|-------------------|
| Northwest Community Hospital     | \$<br>(6,366.00)  |
| MedChex                          | \$<br>(3,390.00)  |
| Karen Levin, MD                  | \$<br>(2,420.00)  |
| Dynamic Hand Therapy             | \$<br>(24,604.00) |
| Northern Illinois Medical Center | \$<br>(1,323.75)  |

TOTAL LIENS/OUTSTANDING BALANCES TO BE PAID AT THIS TIME: \$

TOTAL ATTORNEY FEES

(1/3 of Gross Settlement) \$ (1,666.67)

#### TRUST ACCOUNT FUNDS TO BE RELEASED:

\$ 3,333.33

\*NO COSTS ADVANCED REIMBURSED AT THIS TIME AND NO LIENS/OUSTANDING BALANCES PAID -- ONLY ATTORNEY FEES WERE PAID FROM THE \$5,000.00 ON DEPOSIT WITHIN CLIENT TRUST ACCOUNT AND BALANCE TURNED OVER TO LAW OFFICES OF BRAD J. BALKE, P.C. AS PER AGREEMENT/DIRECTION FROM SAID LAW FIRM ON BEHALF OF PAUL DULBERG. COSTS ADVANCED TO BE REIMBURSED AS A SEPARATE TRANSACTION AS PER AGREEMENT.

I UNDERSTAND AND APPROVE ALL OF THE ITEMS AND AMOUNTS LISTED ABOVE. I ALSO UNDERSTAND AND AGREE THAT IF THERE ARE ANY ADDITIONAL BILLS OR LIENS WHICH MAY NEED TO BE PAID IN THE FUTURE, I AM SOLELY RESPONSIBLE FOR THE PAYMENT OF SAID BILLS OR LIENS. I AGREE TO REIMBURSE THE LAW OFFICES OF THOMAS J. POPOVICH IF THEY ARE REQUIRED TO PAY ANY SUCH BILL OR LIEN NOW OR IN THE FUTURE. THE LAW OFFICES OF THOMAS J. POPOVICH HAS ADVISED ME THAT THEY HAVE NOT RECEIVED ANY LIENS FROM ANY HEALTH CARE PROVIDERS OR HEALTH INSURANCE CARRIERS OTHER THAN THOSE LISTED ABOVE, BUT THAT HEALTH OR AUTOMOBILE INSURANCE MAY HAVE PAID SOME/ALL OF THE MEDICAL BILLS AND MAY BE ENTITLED TO REIMBURSEMENT DEPENDING ON THE POLICY PROVISIONS AND WHETHER OR NOT I HAVE SIGNED A REIMBURSEMENT AGREEMENT.

| DATED THIS 2_3      | DAY OF _      | MARCH          | , 2015.       |
|---------------------|---------------|----------------|---------------|
| -01                 | 2             |                | · <del></del> |
| Law Offices of Brad | J. Balke, P.O | C., for Paul I | )ulhero       |

I have taken my medical records from the Law Offices of Thomas J. Popovich.

I request that the Law Offices of Thomas J. Popovich destroy my medical records.

### PROPERTY DAMAGE--WELDING ALLEGEDLY SPARKS NEW YEAR'S EVE WAREHOUSE FIRE

(GGG 28/4) Higgins Brothers Inc., Illinois Emcasco Insurance Co. as subrogee of Higgins Brothers Inc. v Associated Services Inc. 12L-12341 Tried Mar. 4-10, 2015 (16P)

Verdict:

Not Guilty

Judge:

Thomas V. Lyons, II (IL Cook-Law)

Pltf Attys:

Steven R. Johnson and Matthew T. Andris of Langhenry, Gillen (Wheaton) for both pltfs Demand:

\$1,000,000 Asked: \$1,076,270

Deft Attys:

Daniel G. Suber and Thomas J. Olson of Daniel G. Suber & Associates (Grange Mutual Ins.) Offer:

\$50,000

Pltf Expert:

Ioseph Mazzone (Fire Cause/Origin) for both pltfs

Deft Expert:

David DeVries (Fire Protection)

On December 31, 2011, a fire broke out at the Higgins Brothers warehouse located at 1428 W. 37th St. in Chicago's Back of the Yards neighborhood. The Chicago Fire Department's Office of Fire Prevention investigated the cause of the fire, and determined that the point of origin was on the first floor of the warehouse where an MIG welder had been used the day before to fabricate a new filter wall for a paint spray booth operated at the warehouse facility. The welding was performed by David Suarez, the owner of deft Associated Services. Higgins Brothers and its insurer, Illinois Emcasco, sued deft to recover the cost of property damage repairs and associated expenses. Illinois Emcasco sought \$662,572 paid out for damage to the building, \$300,000 for business personal property, and \$90,000 extra expenses, for a total of \$1,052,572. Higgins sought \$1,000 for its deductible on building damage, \$21,465 for loss of business personal property, and \$1,233 extra expenses, for a total of \$23,698. The defense argued that even if a spark from the welding arc was the ignition source of the fire, the fire's actual cause and fuel source was paint overspray which had accumulated up to five inches in the rear plenum of the paint spray booth. The defense denied negligence, contended Higgins Brothers was at fault for not having sufficient clearance between the booth's chimney and the combustible wooden second floor above, and further maintained that Higgins was negligent in not having an operable sprinkler system over the paint spray booth.

## TRAFFIC--CAR OWNER SUED FOR NEGLIGENT ENTRUSTMENT TO UNLICENSED DRIVER (GGG 28/5) Ramon Weatherspoon v Pablo Velazquez, Jose Gonzalez 12L-13709 Tried Feb. 11-17, 2015 (1B)

Verdict:

Not Guilty v both defts.

Judge:

James M. McGing (IL Cook-Law)

Pltf Attys:

Daniel M. Breen and Christopher J. Goril of Breen Goril Law Demand: \$20,000

Deft Atty:

Clifford M. Panek of Parrillo, Weiss for both defts (American Access) Offer: none

Pltf Medl:

Dr. Alan Olefsky (Emergency Medicine)

December 9, 2011, pltf driving westbound on Lake St. in Chicago contended deft Velazquez struck his vehicle near Kilbourn Ave. while trying to pass him on his left side and crossing over into oncoming traffic, forcing pltf into a pole. Pltf M-48 claimed neck, back and shoulder soft tissue injuries (\$12,339 medical expenses, \$1,900 property damage). Pltf further brought a negligent entrustment claim against deft car owner Gonzalez because Velazquez did not have a driver's license. Deft M-30 landscaper Velazquez denied he changed lanes and maintained pltf hit him while coming from his right side. The defense denied pltf was injured. The jury reportedly deliberated only 20 minutes.

| SUMMARY SINCE SEPT. 1, 2014: | <b>GUILTY:</b> | DL:      | NG:       | AWARDED:         | OFFERED:         | PLTF PCT:   |
|------------------------------|----------------|----------|-----------|------------------|------------------|-------------|
| Law Division Circ Ct         | 55             | 2        | 67        | \$81,311,013     | \$18,129,582     | 46.0%       |
| U.S. Dist Ct                 | 5              | 0        | 4         | \$31,683,779     | \$405,000        | LAST WK:    |
| 1st Munic Dist Circ Ct       | 0              | 0        | 2         | \$0              | \$3,500          | 45.5%       |
| 2nd-6th Munic Dist Circ Ct   | <u>4</u>       | <u>0</u> | <u>2</u>  | \$ <u>57,615</u> | \$ <u>69,500</u> | AVG VERD:   |
| TOTALS                       | 64             | 2        | <b>75</b> | \$113,052,407    | \$18,607,582     | \$1,766,444 |
| Totals Apr. 25, 2014         | 86             | 3        | 66        | \$114,340,352    | \$30,766,855     | \$1,329,539 |
| Law Division Apr. 25, 2014   | . 81           | 2        | 59        | \$112,965,953    | \$30,650,855     |             |

| IN THE CIRCUIT COURT FOR TH<br>McHENRY                                                                                             | E TWENTY-SECOND JUDICIAL CHRECTY County, Minois COUNTY, ILLINOIS |
|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| PAUL DULBERG,                                                                                                                      | MAR   3 2015                                                     |
| Plaintiff,                                                                                                                         | Clerk of the Circuit Court                                       |
| vs.                                                                                                                                | )<br>) No. 12 LA 178<br>)                                        |
| DAVID GAGNON, Individually, and as Agent of CAROLINE McGUIRE and BILL McGUIRE and CAROLINE McGUIRE and BILL McGUIRE, Individually, |                                                                  |
| Defendants.                                                                                                                        | )<br>)                                                           |

#### **NOTICE OF MOTION**

TO: VIA FIRST CLASS MAIL:

Perry Accardo Law Office of Steven A. Lihosit 200 N. LaSalle Street, Suite 2550 Chicago, IL 60601-1092 VIA CERTIFIED MAIL:

Paul Dulberg 4606 Hayden Court McHenry, IL 60051

On March 13, 2015 at 9:00 a.m., or as soon thereafter as counsel may be heard, I shall appear before the Honorable Thomas A. Meyer or any judge sitting in his stead, in courtroom 201 in the Circuit Court of McHenry County in Woodstock, Illinois and shall then and there present MOTION TO WITHDRAW AS COUNSEL, a copy of which is hereby served upon you

#### AFFIDAVIT OF SERVICE

I certify that I served this Notice by mailing to whom it is directed at approximately 5:00 p.m. on March 5, 2015 in McHenry, IL and further that the statements set forth in this Affidavit of Service are true and correct.

Hans A. Mast, Attorney for Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH, P.C.

3416 West Elm Street McHenry, IL 60050 815-344-3797 Attorney ID No. 06208070 U.S. Postal Service TO CERTIFIED MAILTM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.comp

Poetage \$

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Sent To 4606 Hayden Court

Street, Apt. McHenry, IL 60051

or PO Box

City, State,

PS Form 3800, August 2006

See Reverse for Instructions

## IN THE CIRCUIT COURT FOR THE TWENTY-SECOND JUDICIAL CIRCUIT McHENRY COUNTY, ILLINOIS

| PAUL DULBERG,                      | )      |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------------------------------------|--------|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Plaintiff,                         | )<br>) | •   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| vs.                                | )<br>) | No. | 12 LA 178 FILED McHenry Crunty, Illinois                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| DAVID GAGNON, Individually, and as | )      |     | MCHelily 0 v //                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Agent of CAROLINE McGUIRE and BILL | )      |     | MAR 13 2015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| McGUIRE and CAROLINE McGUIRE       | )      |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| and BILL McGUIRE, Individually,    | )      |     | KATHERINE M. KEEFE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                    | )      |     | Clerk of the Circuit Court                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Defendants.                        | )      |     | Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Contro |

#### **MOTION TO WITHDRAW AS COUNSEL**

NOW COME the LAW OFFICES OF THOMAS J. POPOVICH, P.C., attorneys for the Plaintiff, PAUL DULBERG, and hereby move to withdraw as counsel for the Plaintiff in this cause pursuant to Supreme Court Rule 13. In support of said Motion, the attorneys hereby state as follows:

- 1. Communication between Plaintiff and Plaintiff's counsel has broken down resulting in an unworkable situation for both attorney and client.
- 2. By copy of this motion, Plaintiff is hereby advised that, to ensure notice of any further action in this cause, she should retain new counsel or within 21 days of the hearing of this motion and withdrawal of counsel, retain other counsel or file her own supplementary appearance with the clerk of the circuit court, stating an address at which service of notices or other papers may be had upon her.

WHEREFORE, the LAW OFFICES OF THOMAS J. POPOVICH, P.C. respectfully requests that this Court enter an Order granting the LAW OFFICES OF THOMAS J. POPOVICH, P.C. leave to withdraw as counsel for the Plaintiff, PAUL DULBERG.

Respectfully submitted,

Hans W. Mast

LAW OFFICES OF THOMAS J. POPOVICH

3416 West Elm Street McHenry, IL 60050 (815) 344-3797 Attorney No. 06208070

### IN THE CIRCUIT COURT FOR THE TWENTY-SECOND JUDICIAL CIRCUIT McHENRY COUNTY, ILLINOIS

| PAUL DULBERG,                                                                                                                      | )           |     |           |      |
|------------------------------------------------------------------------------------------------------------------------------------|-------------|-----|-----------|------|
| Plaintiff,                                                                                                                         | )<br>)<br>) |     |           | COPY |
| vs.                                                                                                                                | )           | No. | 12 LA 178 |      |
| DAVID GAGNON, Individually, and as Agent of CAROLINE McGUIRE and BILL McGUIRE and CAROLINE McGUIRE and BILL McGUIRE, Individually, | )<br>)<br>) |     |           |      |
| Defendants.                                                                                                                        | )           |     |           |      |

#### **NOTICE OF MOTION**

TO: VIA FIRST CLASS MAIL:

Perry Accardo

Law Office of Steven A. Lihosit 200 N. LaSalle Street, Suite 2550

Chicago, IL 60601-1092

**VIA CERTIFIED MAIL:** 

Paul Dulberg

4606 Hayden Court

McHenry, IL 60051

On March 13, 2015 at 9:00 a.m., or as soon thereafter as counsel may be heard, I shall appear before the Honorable Thomas A. Meyer or any judge sitting in his stead, in courtroom 201 in the Circuit Court of McHenry County in Woodstock, Illinois and shall then and there present MOTION TO WITHDRAW AS COUNSEL, a copy of which is hereby served upon you

#### AFFIDAVIT OF SERVICE

I certify that I served this Notice by mailing to whom it is directed at approximately 5:00 p.m. on March 5, 2015 in McHenry, IL and further that the statements set forth in this Affidavit of Service are true and correct.

Hans A. Mast, Attorney for Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH, P.C.

3416 West Elm Street McHenry, IL 60050 815-344-3797 Attorney ID No. 06208070

## IN THE CIRCUIT COURT FOR THE TWENTY-SECOND JUDICIAL CIRCUIT MCHENRY COUNTY, ILLINOIS

| PAUL DULBERG,                                                                                           | )            |     | ·         |
|---------------------------------------------------------------------------------------------------------|--------------|-----|-----------|
| Plaintiff,                                                                                              | )            |     |           |
| vs.                                                                                                     | )            | No. | 12 LA 178 |
| DAVID GAGNON, Individually, and as<br>Agent of CAROLINE McGUIRE and BIL<br>McGUIRE and CAROLINE McGUIRE | )<br>L)<br>) |     |           |
| and BILL McGUIRE, Individually,                                                                         | j i          |     |           |
| Defendants.                                                                                             | )            |     |           |

#### MOTION TO WITHDRAW AS COUNSEL

NOW COME the LAW OFFICES OF THOMAS J. POPOVICH, P.C., attorneys for the Plaintiff, PAUL DULBERG, and hereby move to withdraw as counsel for the Plaintiff in this cause pursuant to Supreme Court Rule 13. In support of said Motion, the attorneys hereby state as follows:

- 1. Communication between Plaintiff and Plaintiff's counsel has broken down resulting in an unworkable situation for both attorney and client.
- 2. By copy of this motion, Plaintiff is hereby advised that, to ensure notice of any further action in this cause, she should retain new counsel or within 21 days of the hearing of this motion and withdrawal of counsel, retain other counsel or file her own supplementary appearance with the clerk of the circuit court, stating an address at which service of notices or other papers may be had upon her.

WHEREFORE, the LAW OFFICES OF THOMAS J. POPOVICH, P.C. respectfully requests that this Court enter an Order granting the LAW OFFICES OF THOMAS J. POPOVICH, P.C. leave to withdraw as counsel for the Plaintiff, PAUL DULBERG.

Respectfully submitted,

Hans A. Mast

LAW OFFICES OF THOMAS J. POPOVICH 3416 West Elm Street

McHenry, IL 60050 (815) 344-3797

Attorney No. 06208070

PARTERIA DE COMO PARTE

### United States Bankruptcy Court

Northern District of Conclusion Controls
Cont. No. 14-63878
Chapter 7

#### DISCHARGE OF DESIGN

It appearing that the debut is entitled to a discharge, IT IN ORDERIED. The debut is granted a discharge ander section 727 of this 11. United States Code, the Burkerpity Code).

...., <sub>1881 t</sub>a a ragio de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania del compania del compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania del la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania del la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania

### EHRMANN GEHLBACH BADGER LEE & CONSIDINE, LLC

**Attorneys At Law** 

Commerce Towers, Suite 100 P.O. Box 447 215 E. First Street Dixon, IL 61021

Gary R. Gehlbach

DAVID W. BADGER

Douglas E. Lee
ALSO ADMITTED IN IOWA,
VIRGINIA, & THE DISTRICT
OF COLUMBIA

DANA M. CONSIDINE

MEGAN G. HEEG

Darla A. Foulker

SARWAT B. HANIF

telephone: (815) 288-4949 facsimile: (815) 288-7068 e-mail: heeg@egblc.com

ISBA

Rolfe F. Ehrmann 1949 – 2011 Warren H. Badger 1911-2005

May 22, 2015

BY EMAIL Brad J. Balke, Esq. 542 S. Dearborn, Suite 310 Chicago, IL 60605

Re:

Paul R. Dulberg

Bankruptcy Case No. 14 83578

Dear Attorney Balke:

Following up on matters we recently discussed, the Bankruptcy Estate seeks to employ you to assist the Estate in pursuing Mr. Dulberg's pending personal injury claim.

It is my understanding that you do not have a conflict of interest, and that you can represent the Bankruptcy Estate. As a caution, I enclose a copy of Debtor's list of creditors (Schedules D through F). In light of this information, if you do not have a conflict, I would be most appreciative if you would review the enclosed Affidavit of Disinterest for accuracy and completeness.

Also, please know if you are able to settle the pending personal injury claim, before any settlement can be finalized, I will need to file with the Bankruptcy Court a motion approving the Debtor's settlement, along with approval of the payment of your attorney fees and costs, and the fees to be paid to any third party. In that motion and order, we can ask that your firm's fees and costs and any third party fees paid out of the gross proceeds, with the net proceeds tendered to the Estate.

Very truly yours,

EHRMANN GEHLBACH BADGER LEE & CONSIDINE, LLC

M217

Megan G. Heeg

MGH/kme Enclosures

#### Case 14-83578 Doc 1 Filed 11/26/14 Entered 11/26/14 14:39:05 Desc Main Page 13 of 42 Document

B-SD (Official Form 6D) (12/07)

| •     |                |        |         |
|-------|----------------|--------|---------|
| In re | Paul R Dulberg |        | Case No |
| -     |                | Dobtor |         |

#### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided in the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and ther security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or arradian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured arradian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured arradian, such as "a.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured arradian, such as "a.B., a minor child, by John Doe, guardian." Po not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured arradians are under the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filled, state whether the husband, wife, both of them, or the marital community may be likeled on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is unliquidated, place an "X" in the column.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with parinarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D. Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

AMOUNT OF Husband, Wife, Joint, or Community COZHLZGWZH ローのヤリトモロ CODEBTOR CREDITOR'S NAME CLAIM DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE н UNSECURED AND MAILING ADDRESS WITHOUT W PORTION, IF INCLUDING ZIP CODE, DEDUCTING AND ACCOUNT NUMBER ANY VALUE OF C OF PROPERTY (See instructions above.) COLLATERAL SUBJECT TO LIEN Account No. xxxxx7987 Opened 11/30/01 Last Active 8/14/14 Location: 4606 Hayden Court, McHenry A⊟N AMRO Mortgage Group IL 60051-7918 Value \$ 140.000.00 124,358.00 0.00 Account No. Value \$ Account No. Value \$ Account No. Value \$ Subtotal О 124,358.00 0.00 continuation sheets attached (Total of this page) Total 124,358.00 0.00 (Report on Summary of Schedules)

#### Case 14-83578 Doc 1 Filed 11/26/14 Entered 11/26/14 14:39:05 Desc Main Page 15 of 42 Document

BGF (Official Form 6F) (12/07)

| In re | Paul R Dulberg | Case No. |
|-------|----------------|----------|
|       | Debtor         |          |

#### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's pearent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not in clude claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be lied be on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed achedule. Report this total also on the Summary of

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed achedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| CREDITOR'S NAME, MALING ADDRESS INCLIDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)  ACCOUNT NO. XXXXXXXA380  ALE Xian Brothers Medical Group PO Box 5688 Be Iffast, ME 04916-5600  ACCOUNT No. XXXXX # x8082  AS Sociated Neurology SC 1900 Opened 12/01/00 Last Active 7/02/14 Credit Card - Accelerated  Credit Card - Accelerated  Capital One Bank Atteric General Correspondence PO Box 30285 Salfe Lake City, UT 84130  ACCOUNT WING MARKS INCURRED AND ATTERIOR (Wise, Joint or Connectivity)  DATE CLAIM WAS INCURRED AND ATTERIOR (See instructions above.)  Medical services  Medical services - Attn: Dr. Levin  ACCOUNT No. XXXXX XXXXXX # x8082  ACCOUNT No. XXXXX XXXXXX x 8080  Opened 12/01/00 Last Active 7/02/14 Credit Card - Accelerated  Capital One Bank Atteric General Correspondence PO Box 30285 Salfe Lake City, UT 84130  ACCOUNT Wise Business Card  19,871.59 |                                                              |    | <b>,</b> |                                     |                                                  |         |        |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|----|----------|-------------------------------------|--------------------------------------------------|---------|--------|-----------------|
| Ale xian Brothers Medical Group PO Box 6588 Be If fast, ME 04915-5500  Account No. xxxxx # x8062  As sociated Neurology SC 19 O Hollister Drive Sulf to 250 Libertyville, IL 60048-5249  Opened 12/01/00 Last Active 7/02/14 Credit Card - Accelerated  Account No. xxxx xxxxx xxxx 8628  El Paso, TX 79998  Opened 5/01/00 Last Active 7/01/14 Charge Account - Visa Business Card  Opened 5/01/00 Last Active 7/01/14 Charge Account - Visa Business Card  1 0,043.35                                                                                                                                                                                                                                                                                                                                                                                                                                   | CREDITOR'S NAME,                                             | S. | Hu       | sband, Wife, Joint, or Community    | ၂င္က                                             | ű       | P      |                 |
| Ale xian Brothers Medical Group PO Box 6588 Be If fast, ME 04915-5500  Account No. xxxxx # x8062  As sociated Neurology SC 19 O Hollister Drive Sulf to 250 Libertyville, IL 60048-5249  Opened 12/01/00 Last Active 7/02/14 Credit Card - Accelerated  Account No. xxxx xxxxx xxxx 8628  El Paso, TX 79998  Opened 5/01/00 Last Active 7/01/14 Charge Account - Visa Business Card  Opened 5/01/00 Last Active 7/01/14 Charge Account - Visa Business Card  1 0,043.35                                                                                                                                                                                                                                                                                                                                                                                                                                   | MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER |    | N<br>W   | CONSIDERATION FOR CLAIM. IF CLAIM   | DZH-ZOW                                          | 27-00-0 | SPUTED | AMOUNT OF CLAIM |
| Ale xian Brothers Medical Group PO Box 6588 Be If fast, ME 04915-5500  Account No. xxxxx # x8062  As sociated Neurology SC 19 O Hollister Drive Sulf to 250 Libertyville, IL 60048-5249  Opened 12/01/00 Last Active 7/02/14 Credit Card - Accelerated  Account No. xxxx xxxxx xxxx 8628  El Paso, TX 79998  Opened 5/01/00 Last Active 7/01/14 Charge Account - Visa Business Card  Opened 5/01/00 Last Active 7/01/14 Charge Account - Visa Business Card  1 0,043.35                                                                                                                                                                                                                                                                                                                                                                                                                                   | Account No. xxxxxxA380                                       |    |          | Medical services                    | 1º '                                             | Î       |        |                 |
| As Sociated Neurology SC 19O 0 Hollister Drive Sui te 250 Lib ertyville, iL 60048-5249  Copened 12/01/00 Last Active 7/02/14 Credit Card - Accelerated  Copened 12/01/00 Last Active 7/02/14 Credit Card - Accelerated  6,660.24  Account No. xxxx xxxxx xxxx 6628  Capital One Bank Attri: General Correspondence PO Box 30285 Sait Lake City, UT 84130  Copened 5/01/00 Last Active 7/01/14 Charge Account - Visa Business Card  10,043.35                                                                                                                                                                                                                                                                                                                                                                                                                                                              | PO Box 5588                                                  |    |          |                                     |                                                  | E D     |        | 153.00          |
| 19O 0 Hollister Drive Sui te 250 Lib ertyville, iL 60048-5249  Account No. xxxx xxxxxx x8060  Account No. xxxx xxxxx x8060  Barak of America PO Box 982235 EI Paso, TX 79998  Copened 5/01/00 Last Active 7/02/14 Credit Card - Accelerated  6,660.24  Account No. xxxx xxxx xxxx 8628  Copened 5/01/00 Last Active 7/01/14 Charge Account - Visa Business Card  Capital One Bank Attra: General Correspondence PO Box 30285 Salt Lake City, UT 84130  3 continuation sheets attached                                                                                                                                                                                                                                                                                                                                                                                                                     | Account No. xxxxx # x8062                                    | 1  |          | Medical services - Attn: Dr. Levin  | <del>                                     </del> | 厂       | П      |                 |
| Barrak of America PO Box 982235 El Paso, TX 79998  Credit Card - Accelerated  6,660.24  Account No. xxxx xxxx xxxx 6628  Opened 5/01/00 Last Active 7/01/14 Charge Account - Visa Business Card  Capital One Bank Attern: General Correspondence PO Box 30285 Salit Lake City, UT 84130  Subtotal  Subtotal  19,871.59                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 19O 0 Hollister Drive<br>Su i∎te 250                         | •  | <b>-</b> |                                     |                                                  |         |        | 3,015.00        |
| Barrak of America PO Box 982235 El Paso, TX 79998  Credit Card - Accelerated  6,660.24  Account No. xxxx xxxx xxxx 6628  Opened 5/01/00 Last Active 7/01/14 Charge Account - Visa Business Card  Capital One Bank Attern: General Correspondence PO Box 30285 Salit Lake City, UT 84130  Subtotal  Subtotal  19,871.59                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Account No. xxxx xxxxxx x6060                                | H  | H        | Opened 12/01/00 Last Active 7/02/14 | ╁                                                | ┝       |        |                 |
| Charge Account - Visa Business Card  Charge Account - Visa Business Card  Charge Account - Visa Business Card  - PO Box 30285 Salt Lake City, UT 84130  10,043.35  Subtotal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PO Box 982235                                                |    | *        |                                     |                                                  |         |        | 6,660.24        |
| Carpital One Bank Attan: General Correspondence PO Box 30285 Salt Lake City, UT 84130  10,043.35  Subtotal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Account No. xxxx xxxx xxxx 6628                              |    |          |                                     | $\top$                                           | Г       | Г      |                 |
| 3 continuation sheets attached 19 871 59                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Attm: General Correspondence<br>PO Box 30285                 |    | -        | Charge Account - Visa Business Card |                                                  |         |        | 10,043.35       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3 continuation sheets attached                               |    |          |                                     |                                                  |         |        | 19,871.59       |

## Case 14-83578 Doc 1 Filed 11/26/14 Entered 11/26/14 14:39:05 Desc Main Document Page 16 of 42

B SF (Official Form 6F) (12/07) - Cont.

| <b>I</b> n re | Paul R Dulberg |        |   | Case No. |
|---------------|----------------|--------|---|----------|
|               |                | Debtor | , |          |

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

| CREDITOR'S NAME,                                                                                                        |          |           | eband, Wife, Joint, or Community                                                                    | <u> </u>   | ű             | Þ            |                 |
|-------------------------------------------------------------------------------------------------------------------------|----------|-----------|-----------------------------------------------------------------------------------------------------|------------|---------------|--------------|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)                                        | CODEBTOR | H W J C   | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | COZY_ZGEZH | DELLOD LDATED | DISPUTED     | AMOUNT OF CLAIM |
| Account No.                                                                                                             |          | Γ         | Medical services                                                                                    | ٦          | Ţ             | İ            |                 |
| Dr_ Frank W. Sek<br>46 €06 W. Elm Street<br>Mc>Henry, IL 60050                                                          |          | -         |                                                                                                     |            | U             |              | 590,00          |
| Account No. xxxxxx0185                                                                                                  |          | ļ         | Medical services                                                                                    | +,,        | ╁             | <del> </del> |                 |
| Dy∕namic Hand Therapy & Rehab<br>49 ≇8 S. US Highway 12<br>Su∎ ite C<br>Fo-x Lake, IL 60020                             |          | -         |                                                                                                     |            |               |              | 30,190.00       |
| Account No. x0330                                                                                                       |          | ╁         | Medical services                                                                                    | _          | +             | +            |                 |
| Hæ nd Surgery Associates, SC<br>Dr., Sagerman / Dr. Blafora<br>51 - 5 W. Algonquin Road<br>Ar Sington Helghts, IL 60005 |          | -         |                                                                                                     |            |               |              | 9,319.00        |
| Account No. xxxxxx-xMRIG                                                                                                |          | ╫         | Medical services                                                                                    |            | -             | ╁            |                 |
| McHenry Radiologists & Imaging PO Box 220 McHenry, IL 60051                                                             |          | -         |                                                                                                     |            |               |              | 50.00           |
| Account No. xxx2454                                                                                                     |          | $\dagger$ | Medical services                                                                                    | $\dashv$   | ╁             | +            |                 |
| Mi ciAmerica Hand to Shoulder Clinic<br>Dr _ Talerico<br>75 Remittance Drive, Suite 6035<br>Claicago, IL 60675          |          | 1         |                                                                                                     |            |               |              | 390.00          |
| Sheet no. 1 of 3 sheets attached to Schedule                                                                            | of       |           | <del> </del>                                                                                        | Sul        | btot          | al           |                 |
| Creditors Holding Unsecured Nonpriority Claims                                                                          |          |           | (Total o                                                                                            | of this    | s pa          | ge)          | 40,539.00       |

## Case 14-83578 Doc 1 Filed 11/26/14 Entered 11/26/14 14:39:05 Desc Main Document Page 17 of 42

B 6F (Official Form 6F) (12/07) - Cont.

| In re | Paul R Dulberg | Case No. |   |
|-------|----------------|----------|---|
| -     |                | -)       | - |
|       | Debtor         |          |   |

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

| CDEDITODIO MANTE                                                                                  | C        | Hu      | shand, Wife, Joint, or Community                                                             |             | Τċ         | u | b        |                 |
|---------------------------------------------------------------------------------------------------|----------|---------|----------------------------------------------------------------------------------------------|-------------|------------|---|----------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | H W J C | DATE CLAIM WAS INCURRED A<br>CONSIDERATION FOR CLAIM. IF CI<br>IS SUBJECT TO SETOFF, SO STAT | LAIM        | HZMOZ-HZOO |   | )_@£JF#D | AMOUNT OF CLAIN |
| Account No. xxxxxxxxxxxx3233                                                                      |          |         | Medical services                                                                             |             | Ť          | Ĭ |          |                 |
| Moraine Emergency Physicians<br>PO Box 8759<br>Ph Iladelphia, PA 19101-8759                       |          | •       |                                                                                              |             |            |   |          | 1,346.00        |
| Account No. xxxxx-x0323                                                                           | ┪┈       | -       | Medical services                                                                             | <del></del> | -          |   |          | 1,040.00        |
| No ethern Illinois Medical Center<br>42O1 Medical Center Drive<br>Mc Henry, IL 60050              |          | -       |                                                                                              |             |            |   |          | 1,323.76        |
| Account No. xxxx5382                                                                              | ┪┈       | -       | Medical services                                                                             |             | Н          |   | -        |                 |
| No rthwest Community Hospital<br>257'09 Network Place<br>Ch i cago, IL 60673                      |          | -       |                                                                                              |             |            |   |          |                 |
| Account No. xxxx5382                                                                              | +-       |         | Medical services                                                                             |             |            |   |          | 6,366.00        |
| Northwest Surburban Anesthesiologis<br>81 & 3 Solutions Center<br>Chicago, IL 60677-8001          | -        | -       | medical services                                                                             |             |            |   |          | 4.005.00        |
| Account No. xxxxx-x59 00                                                                          | ╬        |         | Opened 3/01/97 Last Active 7/23/14                                                           |             |            |   | 4        | 1,385.00        |
| Oalk Trust Credit Union<br>1 S outh 450 Summit Avenue<br>Oalkbrook Terrace, IL 60181              |          |         | Credit Card                                                                                  |             |            |   |          | 716.00          |
| She et no. 2 of 3 sheets attached to Schedule of                                                  |          |         |                                                                                              | S           | ubto       | l | -        |                 |
| Cre clitors Holding Unsecured Nonpriority Claims                                                  |          |         | r                                                                                            | Total of th |            |   | - 1      | 11,116.75       |

## Case 14-83578 Doc 1 Filed 11/26/14 Entered 11/26/14 14:39:05 Desc Main Document Page 18 of 42

BSF (Official Form 6F) (12/07) - Cont.

| In re | Paul R Duiberg | Case No. |
|-------|----------------|----------|
| _     |                | Debtor   |

### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

| CREDITOR'S NAME,                                                                               | č        | Hu       | eband, Wife, Joint, or Community                                                                    | Ö         | U            | Þ        |                 |
|------------------------------------------------------------------------------------------------|----------|----------|-----------------------------------------------------------------------------------------------------|-----------|--------------|----------|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)               | CODESTOR | H & J C  | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | COZTIZGEZ | OZJ-GD-DAHWD | DISPUTED | AMOUNT OF CLAIM |
| Account No. xx5065                                                                             |          |          | Medical services                                                                                    | Ť         | Î            |          |                 |
| Op∍en Advanced MRI of Round Lake<br>M⇔dchex<br>P◯⇒ Box 502<br>Kastonah, NY 10536               |          | -        |                                                                                                     | :         | D            |          | 3,390.00        |
| Account No.                                                                                    | -        | _        | Medical services                                                                                    | _         | ╁            | ╁┈       | 0,000,00        |
| Walgreens<br>39 <b>2</b> 5 W. Eim Street<br>McHenry, IL 60050                                  |          | -        |                                                                                                     |           |              |          | 48.68           |
| Account No.                                                                                    | ╁        | -        | Medical services                                                                                    | $\dashv$  | +-           | ╁╌       |                 |
| Wæimart Pharmacy<br>38 ©1 Running Brook Farms Boulevard<br>Jo ∎nnsburg, IL 60051               |          |          |                                                                                                     |           |              |          | 821.29          |
| A⇔count No. xxxx xxxx xxxx 3318                                                                | ╁        | ╁        | Opened 5/01/01 Last Active 6/19/14                                                                  |           | +            | ╁        | 02.120          |
| Worlds Foremost Bank NA<br>48 CO NW 1st Street<br>Surite 300<br>Limcoln, NE 68521              |          |          | Credit Card - Cabelas Visa                                                                          |           |              |          |                 |
| Ac count No.                                                                                   | ╬        | <u> </u> |                                                                                                     | _         | -            | -        | 12,501.00       |
|                                                                                                |          |          |                                                                                                     |           |              |          |                 |
| Sheet no. 3 of 3 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | .l<br>`  | 1        | (Total                                                                                              |           | btot<br>pa   |          | 16,760.97       |
| <u> </u>                                                                                       |          |          | (Report on Summary o                                                                                |           | Tot          | tal      | 88,288.31       |



THOMAS J. POPOVICH

HANS A. MAST

JOHN A. KORNAK

### The Law Offices of Thomas J. Popovich P.C.

3416 W. Elm Street

McHenry, Illinois 60050

Telephone: 815.344.3797

FACSIMILE: 815.344.5280

www.popovichlaw.com

MARK J. VOGG ROBERT J. LUMBER

April 2, 2015

Brad Balke Balke Law Office 542 S. Dearborn, Suite 310 Chicago, IL 60605

RE: Paul Dulberg vs. David Gagnon, Caroline McGuire and Bill McGuire

McHenry County Case: 12 LA 178

Dear Brad:

Please find enclosed Mr. Dulberg's medical expense report in the above-referenced matter.

smq Enclosure

LAW OFFICES OF THOMAS IN POPOVICH, P.C. Client Trust Account 3416 W. Elin Street McHenry, IL 60050 (815) 344-3797

16599

PAY TO THE ORDER OF

Paul Dulberg AND Law Offices Of Brad J. Balke, P.C

\*\*3,333.33

**DOLLARS** 

MEMO

Dulberg, Paul - Release/Turnover of Trust Acct. Funds



1520019009



**Dulberg 005386** 



### The Law Offices of Thomas J. Popovich P.C.

3416 W. Elm Street

McHenry, Illinois 60050

TELEPHONE: 815.344.3797

FACSIMILE: 815.344.5280

www.popovichlaw.com

Mark J. Vogg Robert J. Lumber

THOMAS J. POPOVICH HAINS A. MAST JOHN A. KORNAK

March 17, 2015

#### VIA CERTIFIED MAIL:

Perry Accardo Law Office of Steven A. Lihosit 200 N. LaSalle Street, Suite 2550 Chicago, IL 60601-1092

RE: Paul Dulberg vs. David Gagnon, Caroline McGuire and Bill McGuire

Very truly yours.

McHenry County Case: 12 LA 178

Dear Mr. Accardo:

Please find enclosed our Notice of Attorney's Lien in the above-referenced matter.

HANS A. MAST

CERTIFIED WAIL: RECEIPT

Content Mill only: No Insurance Coverage Provided)

Postage

Postage

Redurn Recoipt Fee (Endorsernent Required)

Restricted Delivery Fee (Endorsernent Required)

Total Posta Perry Accardo

Total Posta Perry Accardo

Total Posta Perry Accardo

Total Posta Perry Accardo

Total Posta Perry Accardo

Sent To Law Office of Steven A. Lihosit

Sent To Law Office of Steven Suite 2550

Sent To 200 N. LaSalle Street, Suite 2550

Sent To Box N. Chicago, IL 60601-1092

Per Pop Box N. Chicago, IL 60601-1092

Per Pop Box N. Chicago, IL 60601-1092

Per Pop Box N. Chicago, IL 60601-1092

Per Pop Box N. Chicago, IL 60601-1092

WAUKEGAN OFFICE 210 North Martin Luther King Jr. Avenue WAUKEGAN, IL 60085 Dulberg 005387

#### LAW OFFICES OF THOMAS J. POPOVICH, P.C.

3416 WEST ELM STREET MCHENRY, IL 60050 PHONE: 815-344-3797 FAX: 815-344-5280

#### **NOTICE OF ATTORNEY'S LIEN**

TO: Perry Accardo
Law Office of Steven A. Lihosit
200 N. LaSalle Street, Suite 2550
Chicago, IL 60601-1092

RE: Paul Dulberg vs. David Gagnon, Caroline McGuire and Bill McGuire McHenry County Case: 12 LA 178

You are hereby notified that PAUL DULBERG, has placed in my hands as his attorney, for suit or collection, a claim, demand or cause of action against the Defendant in the above matter growing out of a certain accident that occurred on or about June 28, 2011, at 1016 W. Elder Avenue, McHenry, Illinois, McHenry County and has agreed to pay me for my services certain legal fees not exceeding one-third of whatever amount may be recovered therefrom by suit, settlement or otherwise, plus costs and that a lien is hereby made and placed upon said claim, demand or cause of action of such fee.

Hans A. Mast

I, Han A. Mast, an attorney, on oath state that I served this Notice by mailing a true and correct copy of the same to the party(s) listed above and depositing the same in the U.S. Mail at McHenry, Illinois before 5:00 p.m. on March 17, 2015.

Ha⁄ns A. Mast

LAW OFFICES OF THOMAS J. POPOVICH

3416 West Elm Street McHenry, IL 60050 815-344-3797



### The Law Offices of Thomas J. Popovich P.C.

3416 W. Elm Street

McHenry, Illinois 60050

Telephone: 815.344.3797 Facsimile: 815.344.5280

www.popovichlaw.com

MARK J, VOGG ROBERT J, LUMBER

THOMAS J. POPOVICH HANS A. MAST JOHN A. KORNAK

February 19, 2015

Paul Dulberg 4606 Hayden Court McHenry, IL 60051

RE: Paul Dulberg vs. David Gagnon, Caroline McGuire and Bill McGuire

McHenry County Case: 12 LA 178

Dear Paul:

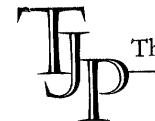
Please find enclosed your updated medical expense report itemizing your medical bills related to the underlying occurrence in the amount of \$58,387.33.

Please review the medical expense report and advise me if there are any bills that we are missing related to your care in this case.

Very truly yours,

CODOV HANS A. MAST

smq Enclosure



3416 W. Elm Street

McHenry, Illinois 60050

TELEPHONE: 815.344.3797

FACSIMILE: 815.344.5280

THOMAS J. POPOVICH HANS A. MAST JOHN A. KORNAK www.popovichlaw.com

MARK J. VOGG ROBERT J. LUMBER

February 16, 2015

Paul Dulberg 4606 Hayden Court McHenry, IL 60051

RE: Paul Dulberg vs. David Gagnon, Caroline McGuire and Bill McGuire

McHenry County Case: 12 LA 178

Dear Paul:

Please be advised that the Defendant has agreed to submit this matter to the court for purposes of pre-trial settlement conference. What this involves is that all the parties will appear on April 9, 2015 at 1:30 p.m. at the McHenry County Courthouse, 2200 N. Seminary, Courtroom 201, Woodstock, Illinois. We will meet with the judge and discuss the case and potentially negotiate a settlement.

I would you to be available and present for the pre-trial settlement. Please advise whether you are available for the pre-trial settlement conference as scheduled above.

Also, please find enclosed the draft of our Pre-Trial Settlement Memorandum. Please review and contact me to discuss.

I look forward to hearing from you.

Very truly yours,

smq

Enclosure

## IN THE CIRCUIT COURT FOR THE TWENTY-SECOND JUDICIAL CIRCUIT McHENRY COUNTY, ILLINOIS

| PAUL DULBERG,                                                                                                                      | )           |     |           |
|------------------------------------------------------------------------------------------------------------------------------------|-------------|-----|-----------|
| Plaintiff,                                                                                                                         | )<br>)      |     |           |
| vs.                                                                                                                                | )<br>)      | No. | 12 LA 178 |
| DAVID GAGNON, Individually, and as Agent of CAROLINE McGUIRE and BILL McGUIRE and CAROLINE McGUIRE and BILL McGUIRE, Individually, | )<br>)<br>) |     |           |
| Defendants.                                                                                                                        | )           |     |           |

#### PLAINTIFF'S PRE-TRIAL SETTLEMENT MEMORANDUM

#### Statement of the Case

On June 28, 2011, the Plaintiff, Paul Dulberg, was assisting friend/Defendant David Gagnon, with cutting down an evergreen tree at the home of Gagnon's parents, 1016 W. Elder Avenue, in McHenry, and as Dulberg held down onto a limb, Gagnon swiped his right forearm with the chain saw causing a deep laceration, resulting in a nerve injury.

Dulberg testified that the accident occurred when the defendant walked toward him while cutting a branch he was holding. The limb was large and part of it was resting on the ground. The defendant walked toward Dulberg with the chainsaw pointing down at a 45 degree angle. The chain was not moving. Then Paul heard the chain saw RPM's ramp up. This alerted Dulberg and he dropped the branch. Paul released the limb before the chain saw came in contact with it. The defendant came up with the saw at a 45 degree pointing up and cut Dulberg. The Defendant never made contact with the branch. David had one hand on the arm and the other on the trigger of the chainsaw. His arm and his two fingers are painful all the way through to the elbow, including the pinky, ring finger and thumb. There is a fiery burning sensation, tingling. The cold also bothers his arm. Sometimes when he is resting his arm he has pain and tingling and burning in the arm. Grabbing things and moving his arm does cause pain. Dr. Sagerman did surgery in July, 2012 to remove the scar tissue. Paul is still receiving physical therapy for his left arm. His right arm is doing better. All of Paul's fingers are affected when he grasps things. He experiences burning pain in his right arm where the scar tissue was. He was given anti-inflammatories from his doctor. He stated he tries not to use them. On his right arm, he is unable to bend his pinky all the way in. Dr. Sagerman told him that nerve damage takes a long time to heal.

Gagnon testified that Dulberg was holding the branch with his left arm and reaching to hold the branch with his right arm when Dulberg's arm was struck by the chainsaw. He admits Dulberg was reaching for the branch so that he could hold on to the lower end of the branch and keep it steady while Gagnon was cutting the limbs from the branch (suggesting Gagnon was operating the chain saw knowing Dulberg was 'repositioning" his arm - contrary to the instructions of the manual) Gagnon acknowledged in his deposition to giving a recorded statement to Plaintiff's counsel in which he described the accident as follows:

...we got to a branch that maybe we shouldn't have tried to cut, it was a little flimsy, so when I hit the crotch it flexed.."

See Xerox photos of chain saw, diagram of "tree," and Plaintiff's injury - attached as Group Exhibit "1."

The chain saw was owned by Gagnon's father, Bill McGuire. Gagnon had used the chainsaw the day before on his own, while trimming the trees. The chainsaw manual provides, in part, as follows:

### **Chainsaw Manual:**

### **Basic Safety Precautions:**

Read this manual carefully until you completely understand and can follow all safety rules, precautions, and operating instructions before attempting to use the unit.

Keep children, bystanders, and animals a minimum of 35 feet (10 meters) away from the work area. Do not allow other people or animals to be near the chain saw when starting or operating the chain saw. (Fig. 2)

Only loan your saw to expert users who are completely familiar with saw operation and correct use. Give other users the manual with operating instructions, which they have to read before using the saw.

Keep all parts of your body away from the saw chain when the engine is running.

## Apply the chain brake prior to any repositioning of the operator in the cutting area.

Do not operate the chain saw with one hand! Serious injury to the operator, helpers, bystanders, or any combination of these persons may result from one-handed operation. A chain saw is intended for two-handed use.

Always begin cutting with the engine at full speed and the saw housing against the wood.

#### Medical

Dr. Karen Levin, at Associated Neurology, saw Dulberg on 7/28/11 (1 month after accident) and in her report (attached as Exhibit "2") states... that Dulberg had <u>no prior history</u> on the right arm, and that as a result of the accident Dulberg suffered a cut on the right forearm requiring stitching in the muscle and outer area. When the pain diminished, there was numbness and tingling noticed in the forearm and digits. She believed Dulberg was suffering from brach neuropathy to the sensory nerves. She referred him to a hand surgeon.

Dulberg saw Dr. Marcus Talerico (Mid America) for ongoing forearm pain. His visits were December 2, 2011 and January 6, 2012. Dr. Talerico did not feel there was any significant nerve involvement and referred Dulberg for therapy.

Dulberg next saw Dr. Scott Sagerman, who testified that he first saw Dulberg on 2/27/12 with a history of a large scar on the mid forearm with pain and symptoms including muscle pain and weakness in gripping and pulling things in his forearm are related to the accident. Dulberg suffered a deep laceration to his forearm and there was some injury to those muscles and nerves which may have been causing the pain in that area. He diagnosed Dulberg with a right forearm laceration with possible ulnar nerve issues and damage. The EMG/NCV was normal. He performed a surgery to the forearm on 7/9/12 to - in part - remove scarring (and for cubital tunnel release). (Sagerman records are attached as Exhibit "3")

Dulberg next saw Dr. Kathy Kujawa for post traumatic dystonia of the right hand, and she recommended Botox injections for spasms. She believed the involuntary spasms as well as the pain that Dulberg continued to suffer was due to the nerve damage and nerve issues directly to the chainsaw accident. She felt it would be permanent and Dulberg would need expensive medical treatment to have a decent quality of life.

Plaintiff's medical expenses are itemized in the attached Medical Expense Report in the amount of \$58,387.33 (Attached as Exhibit "4")

#### Settlement

Demand - \$135,000

Offer: none (Allstate Insurance Company)

COPY

HANS A. MAST, Attorney for Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH 3416 West Elm Street McHenry, IL 60050 815-344-3797 Attorney No. 06208070



3416 W. ELM STREET McHenry, Illinois 60050 Telephone: 815.344.3797

FACSIMILE: 815.344.5280

www.popovichlaw.com

MARK J. VOGG ROBERT J. LUMBER

THOMAS J. POPOVICH HANS A. MAST JOHN A. KORNAK

February 16, 2015

Paul Dulberg 4606 Hayden Court McHenry, IL 60051

RE: Paul Dulberg vs. David Gagnon, Caroline McGuire and Bill McGuire

McHenry County Case: 12 LA 178

Dear Paul:

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I would you to be available and present for the pre-trial settlement. Please advise whether you are available for the pre-trial settlement conference as scheduled above.

Also, please find enclosed the draft of our Pre-Trial Settlement Memorandum. Please review and contact me to discuss.

I look forward to hearing from you.

Very truly yours,

smq Enclosure

> WAUKEGAN OFFICE 210 NORTH MARTIN LUTHER KING JR. AVENUE DUWAUK 1953 1941. 60085

# IN THE CIRCUIT COURT FOR THE TWENTY-SECOND JUDICIAL CIRCUIT McHENRY COUNTY, ILLINOIS

| PAUL DULBERG,                                                                                                                      | )                |     |           |
|------------------------------------------------------------------------------------------------------------------------------------|------------------|-----|-----------|
| Plaintiff,                                                                                                                         | )                |     |           |
| VS.                                                                                                                                | )                | No. | 12 LA 178 |
| DAVID GAGNON, Individually, and as Agent of CAROLINE McGUIRE and BILL McGUIRE and CAROLINE McGUIRE and BILL McGUIRE, Individually, | )<br>)<br>)<br>) |     |           |
| Defendants.                                                                                                                        | )                |     |           |

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#### Settlement

Demand - \$135,000

Offer: none (Allstate Insurance Company)

COPY

HANS A. MAST, Attorney for Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH

3416 West Elm Street McHenry, IL 60050 815-344-3797 Attorney No. 06208070

## EHRMANN GEHLBACH BADGER LEE & CONSIDINE, LLC

Attorneys At Law

COMMERCE TOWERS, SUITE 100 P.O. Box 447 215 E. FIRST STREET DIXON, IL 61021

Gary R. Gehlbach David W. Badger

Douglas E. Lee
ALSO ADMITTED IN VIRGINIA &
THE DISTRICT OF COLUMBIA

DANA M. Considine

Megan G. Heeg Darla A. Foulker Sarwat B. Hanif Telephone: (815) 288-4949
facsimile: (815) 288-3068
e-mail: heeg@eqblc.com

15BA Rolfe F, Ehrmann 1949 – 2011 Warren H, Badger

1911-2005

February 16, 2015

**BY FAX** 

Hans A. Mast, Esq. The Law Offices of Thomas J. Popovich P.C. 3416 W. Elm Street McHenry, IL 60050

Re:

Your File: Paul Dulberg v. David Gagnon, et al

My File: Bankruptcy Estate of Paul Dulberg; Case No. 14-82297

Dear Attorney Mast:

Thank you for the information you sent on January 23<sup>rd</sup>. At this point in time, I am unable to determine if my bankruptcy case may be an asset case. (If it might be an asset case, my Estate needs to retain you to continue the pending pi case -- assuming you can be and want to be retained.)

I received from you a list of medical bills (which bills total over \$58,000.) In addition, I just received from Debtor's counsel a copy of a letter from US Phy, by which this creditor claims a medical lien.

Can you please advise:

- 1) What is the total amount of medical liens filed against the pending pi case? (I received a copy of a document, listing medical bills totaling \$58,387.33, but I don't know if any of these bills are unpaid and, if so, if the unpaid providers timely filed a medical lien).
- 2) As to the medical lien apparently claimed by US Phy (via its letter of January 8, 2015 a copy of which is attached for your ready reference) is this letter the first lien claim it made against the personal injury cause of action? If so, based upon the little research I've done, to date, I don't think this letter is sufficient to claim a lien -- post-bankruptcy filing -- on Debtor's right to recover in his pi case. (It may be that I need to file

something in the bankruptcy case to cause this lien to be removed. Investigation continues.)

3) Once I know the above facts, I will need to know the potential range of recovery, and, assuming the potential recovery is large enough, if you want to be retained by the Bankruptcy Estate to continue to represent the Debtor/Estate in the pending personal injury cause of action.

I look forward to hearing from you again soon.

Very truly yours,

EHRMANN GEHLBACH BADGER LEE & CONSIDINE, LLC

Megan G. Heeg

MGH/kme



3416 W. Elm Street

McHenry, Illinois 60050

Telephone: 815.344.3797

FACSIMILE: 815.344.5280 www.popovichlaw.com

MARK J. VOGG ROBERT J. LUMBER

THOMAS J. POPOVICH HALNS A. MAST JOHN A. KORNAK

February 4, 2015

Paul Dulberg 4606 Hayden Court McHenry, IL 60051

RE: Paul Dulberg vs. David Gagnon, Caroline McGuire and Bill McGuire

McHenry County Case: 12 LA 178

Dear Paul:

Please be advised that the Defendant has agreed to submit this matter to the court for purposes of pre-trial settlement conference. What this involves is that all the parties will appear on April 9, 2015 at 1:30 p.m. at the McHenry County Courthouse in Woodstock, Illinois. We will meet with the judge and discuss the case and potentially negotiate a settlement.

I would you to be available and present for the pre-trial settlement. Please advise whether you are available for the pre-trial settlement conference as scheduled above.

Very trally yours,

HANS A. MAST



3416 W. ELM STREET McHenry, Illinois 60050

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MARK J. VOGG ROBERT J. LUMBER

ZHOMAS J. POPOVICH HANS A. MAST JOHN A. KORNAK

January 7, 2015

VIA FACSIMILE: 815/288-3068

Megan G. Heeg Ehrmann, Gehlbach, Badger, Lee & Considine, LLC 215 E. First Street, Suite 100 Dixon, IL 61021

RE: Bankruptcy Estate of Paul Dulberg, Case No. 14-82297

Dear Ms. Heeg:

I received your recent correspondence. I am currently representing Paul Dulberg for injuries he suffered when his arm was struck by a chainsaw on June 28, 2011. We are in the midst of discovery. There is no scheduled trial date. At this point, the defense is taking a "no liability" position and therefore, the chance of recovery is uncertain. I believe liability will be extremely difficult. We have calculated Paul's medical expense related to the occurrence as exceeding \$60,000. To my knowledge, most of the medical expense is outstanding. However, my belief is that any eventual recovery will be much less.

I will be pursuing settlement negotiations. I am not sure at this time how this case will end up. Happy to speak with you at your convenience.

Very truly yours,

HANS A. MAST

Jan 7 2015 04:01pm

Senider: GUEST

TTI 1:Law Offices T Popovich TTI Number: 1-815-344-5280

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## The Law Offices of Thomas J. Popovich P.C.

3416 W. ELM STREET

McHenry, Illinois 60050

TELEPHONE: 815.344.3797 FACSIMILE: 815.344.5280

www.popovichlaw.com

THOMAS J. POPOVICH
HANS A. MAST
JOHN A. KORNAK

Mark J. Vogo Robert J. Lumber

January 7, 2015

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I will be pursuing settlement negotiations. I am not sure at this time how this case will end up. Happy to speak with you at your convenience.

Very truly yours,

HANS A. MAST

# Ehrmann Gehlbach Badger Lee & Considine, LLC

215 E. First Street, Suite 100 Dixon, IL 61021 815-288-4949

Fax: 815-288-3068

E-mail:

heeg@egblc.com

FAX TRANSMISSION COVER SHEET

Date:

January 6, 2015

To:

Thomas J. Popovich, Esq.

Fax:

815-344-5280

Re:

Dulberg

Sender:

Megan G. Heeg, Esq./kme

YOU SHOULD RECEIVE & PAGES, INCLUDING THIS COVER SHEET. IF YOU DO NOT RECEIVE ALL THE PAGES, PLEASE CALL 815-288-4949.

CONFIDENTIALITY NOTICE: The information contained in this facsimile message is ATTORNEY PRIVILEGED AND CONFIDENTIAL INFORMATION intended only for the use of the individual or entity named herein. If the reader of this message is not the intended recipient or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any dissemination, distribution, or copy of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone and return the original message to us at the above address via the United States Postal Service. Thank you.

## EHRMANN GEHLBACH BADGER LEE & CONSIDINE, LLC

ATTORNEYS AT LAW

Commerce Towers, Suite 100 P.O. Box 447 215 E. First Street

Dixon, IL 61021

GARY R. GEHLBACH

DAVID W. BADGER

Douglas E, Lee
ALSO ADMITTED IN VIRGINIA &
THE DISTRICT OF COLUMBIA

DANA M. CONSIDINE

MEGAN G. HEER

DARLA A. Foulken

SARWAT B. HANIE

telephone: (815) 288-4949 facsimile: (815) 288-3068 e-mall: heeg@egblc.com



1949 - 2011
WARREN H. BADGER
1911-2005

January 6, 2015

BY FAX

Thomas J. Popovich, P.C. Law Offices of Thomas J. Popovich, P.C. 3416 West Elm Street Lake, Illinois 60050

Re:

Your File: Paul Dulberg v. David Gagnon, et al

My File: Bankruptcy Estate of Paul Dulberg; Case No. 14-82297

Dear Attorney Popovich:

Paul R. Dulberg filed a Chapter 7 bankruptcy petition on November 26, 2014, and I was assigned as Trustee. (A copy of the Notice of bankruptcy filing is attached for your ready reference.) As Trustee, I am duty bound to collect the Bankruptcy Estate's assets for the benefit of the Debtor's unsecured creditors.

One of the assets of Mr. Dulberg's Bankruptcy Estate is his interest in the personal injury cause of action pending in McHenry County, Illinois. Please note the Bankruptcy Estate's interest in your records.

Debtor has provided to me a copy of the Complaint, but nothing more. At this time, can you please "pull out your crystal ball" and estimate for my Estate the possible result of the pending litigation, the possible timing of its resolution, the extent of any medical liens, and the likely finally distribution to debtor? Also, if the case has sufficient worth, it may be best if the Bankruptcy Estate retains you and your firm to continue the representation (for the benefit of the Bankruptcy Estate.)

I look forward to hearing from you soon.

Thomas J. Popovich, P.C.

2

January 6, 2015

Very truly yours,

EHRMANN GEHLBACH BADGER LEE & CONSIDINE, LLC

The STATE

Megan G. Heeg

MGH/kme Enclosure

## Case 14-83578 Doc 9 Filed 12/01/14 Entered 12/01/14 09:51:23 Desc 341Mtg Chap7/Ind No Assets Page 1 of 2

B9A (Official Form 9A) (Chapter 7 Individual or Joint Debtor No Asset Case) (12/12)

Case Number 14-83578

### UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

# Notice of Chapter 7 Bankruptcy Case, Meeting of Creditors, & Deadlines A chapter 7 bankruptcy case concerning the debtor(s) listed below was filed on 11/26/14.

You may be a creditor of the debtor. This notice lists important deadlines. You may want to consult an attorney to protect your rights.

All documents filed in the case may be inspected at the bankruptcy clerk's office at the address listed below. NOTE: The staff of the bankruptcy clerk's office cannot give legal advice.

## Creditors — Do not file this notice in connection with any proof of claim you submit to the court. See Reverse Side For Important Explanations

Debtor(s) (name(s) used by the debtor(s) in the last 8 years, including married, maiden, trade, and address):
| Paul R Dulbere

Paul R Dulberg 4606 Hayden Court

McHenry, 1L 60051-7918

Case Number: 14-83578 Office Code: 3

Attorney for Debtor(s) (name and address):

David L. Stretch Law Office of David L. Stretch 5447 West Bull Vulley Road McHenry, IL 60050-7410 Telephono number: 815-578-0055 Social Security / Individual Tuxpayer ID / Employer Tax ID / Other

xxx-xx-4001

Megan () Heog Ehrmann Gehlbach Badgor Lee & Considino Pob 447–215 E First St, Sto 100

Bankruptcy Trustee (name and address):

Dixon, IL 61021 Telephone number: 815-288-4949

### **Meeting of Creditors:**

Date: December 30, 2014

Time: 10:00 AM

Location: 308 West State Street, Room 40, Rockford, IL 61101

All debtors are required to attend and bring a picture ID and proof of their Social Security Number to the 341 meeting.

### Presumption of Abuse under 11 U.S.C. § 707(b)

See "Presumption of Abuse" on reverse side.

The presumption of abuse does not arise.

#### Deadlines:

Papers must be received by the bankruptcy clork's office by the following deadlines:

#### Deadline to Object to Debtor's Discharge or to Challenge Dischargeability of Certain Debts: 3/2/15

Deadline to Object to Exemptions:

Thirty (30) days after the conclusion of the meeting of creditors.

#### Creditors May Not Take Certain Actions:

In most instances, the filing of the bankruptcy case automatically stays certain collection and other actions against the debtor and the debtor's property. Under certain circumstances, the stay may be limited to 30 days or not exist at all, although the debtor can request the court to extend or impose a stay. If you attempt to collect a debt or take other action in violation of the Bankruptcy Code, you may be penalized. Consult a lawyer to determine your rights in this case.

#### Please Do Not File a Proof of Claim Unless You Receive a Notice To Do So.

#### Creditor with a Foreign Address:

A creditor to whom this notice is sent at a foreign address should read the information under "Do Not File a Proof of Claim at This Time" on the reverse side.

Address of the Bankruptcy Clerk's Office: Western Division 327 South Church Street

327 South Church Street Rockford, IL 61101

Telephone number: 1-866-222-8029

Hours Open: Monday - Friday 8:30 AM -4:30 PM

For the Court: Clerk of the Bankruptcy Court:

Jeffrey P. Alisteadt

Date: December 1, 2014

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| A COS DIATOR OF THE CONTACT: 7  DI LIERRA, PREMIER 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | The over                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | )50                                                               |
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| A 166 LEPATOR CT PART THE NARRATIVE DESCRIPTIONS OF THE PERIOD THE BEST OF MY ENOUGHER A DATE  PAUL DULERGACCIDENT 1 601051 POB: DOB: 30719/70 A 166 LEPATOR DULERGACCIDENT 1 601067 A 166 LEPATOR CT JOHNSHOR CT JOHNSHOR CT JOHNSHOR DULERGACCIDENT 1 601067 A 166 LEPATOR DULERGACCIDENT DULERGACCIDENT DULERGACCIDENT DULERGACCIDENT DULERGACCIDENT DULERGACCIDENT DULERGACCIDENT DULERGACCIDENT DULERGACCIDENT DUBB: DOB: DOB: DOB: DOB: DOB: DOB: DOB: D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ME FINGENCY CONTACT 2 PATIENT ALTERNATE ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |
| PALICATIONS AND COMORBIDITIES  ACCIDENT INCIPAL PROCEDURES & DATE  HER PROCEDURES & DATE  HER PROCEDURES & DATE  HER PROCEDURES & DATE  HER PROCEDURES & DATE  HER PROCEDURES & DATE  HER PROCEDURES & DATE  HER PROCEDURES PERFORMED ARE ACQUARATE AND COMPRETENTED THE BEST OF MY KNOWLEDGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | D ULBERG, BARBARA (847) 197-1250                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   |
| PAGE DUBERG/ACCIDENT 1 601067 4 606 BATDEN CT JORNSBURG 1L 60051 DOB: 03/19/70 A CCIDENT DUBERG/PAUL R 99999 9999999 (8447) 497-4250  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |
| PART DILBERGYACCIDENT 1 601067 4 695 IANDEN CT 1 1 60081 DOB: 03/19/70 JORNSURR 1 1 60081 DOB: 03/19/70 JORNSURR 1 1 60081 DOB: 03/19/70 DOB: DOB: DOB: DOB: 03/19/70 DOB: DOB: DOB: DOB: 03/19/70 DOB: DOB: DOB: DOB: DOB: 03/19/70 DOB: DOB: DOB: DOB: DOB: DOB: 03/19/70 DOB: DOB: DOB: DOB: DOB: DOB: DOB: DOB:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |
| A 666 BATDEN CT JORNSBURG IL 60051 DOB: 03/19/70 A CCIDENT DULBERS, PADL R 9999 99999999 (847) 497-4250  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB:  DOB |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                                                                 |
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| 9 9999 9999999999999999999999999999999                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 22 37 337 13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | DOB:                                                              |
| DOB:  DOB:  DOB:  DOB:  MICHOS PRINCH  FORD. RETENT W  SEK, PARK  FORD. RETENT W  SEK, PARK  ROMAN APTIMAT W  STN: ERA  STN: ERA  STN: ERA  HER PROCEDURE & DATE  HER PROCEDURES & DATE  HER PROCEDURES & DATE  HER PROCEDURES PERFORMED ARE ACCURATE AND COMPRISED TO THE BEST OF MY KNOWLEDGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |
| DOB:  DOB:  DOB:  NUMBER OF THE COMMITTER PROCEDURE & DATE  HER PROCEDURES & DATE  EPATIFY THAT THE NARRATIVE DESCRIPTIONS OF THE PRINCIPAL AND SECONDARY DIAGNOSES & THE UNOR PROCEDURES AND COMPRED THE PRINCIPAL PROCEDURES OF THE UNOR PROCEDURES AND COMPRED TO THE DEST OF MY KNOWLEDGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |
| ATEMAN PROCEDURES & DATE  ATEMAN PROCEDURES & DATE  ATEMAN PROCEDURES & THE USER PERFORMED ARE ACQUARTED AND THE BEST OF MY KNOWLEDGE  ATEMAN PROCEDURES & THE USER PERFORMED ARE ACQUARTED AND COMMERCED TO THE BEST OF MY KNOWLEDGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | HAMMANCE I INSURANCE 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                   |
| MENDENDAL PROCEDURES & DATE  TERP PROCEDURES & DATE  TERP THAT THE NARRATIVE DESCRIPTIONS OF PROCEDURES PERFORMED ARE ACQUARTED THE BEST OF MY KNOWLEDGE  TO PROCEDURES PERFORMED ARE ACQUARTED THE BEST OF MY KNOWLEDGE  TO PROCEDURES PERFORMED ARE ACQUARTED AND COMPRISED THE BEST OF MY KNOWLEDGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                   |
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Dulberg 005408

## RESTRICTIONS / RELEASE FORM



Northern Illinois Medical Center Emergency Department 4201 Medical Center Drive McHenry, Illinois 60050 (815) 344-5000

Memorial Medical Center 3701 Doty Rd. Woodstock, Illinois 60098 (815) 334-3900

| (815) 344–5000                                                                                                                                         | (615) 334-3900                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| PATIENT NAME PAUL DUIDUS                                                                                                                               | DATE 6 128 2011                                                |
| □ May return to □ work □ scripped ⊕ gym without restriction.                                                                                           | 1117900923<br>Oll 6586                                         |
| May not return to work school gym for 2 day(s).                                                                                                        | DULBERG, PAUL R<br>M 41Y D3/19/1970<br>D6/28/2D11 B D00D109381 |
| ☐ May return to school with the following restrictions:                                                                                                |                                                                |
| Gym/Sports restrictions are                                                                                                                            | forday(s).                                                     |
| Must take prescription medication for day(s).                                                                                                          |                                                                |
| May return to work with the following restrictions:                                                                                                    |                                                                |
| No lifting greater than lbs. for day(s).                                                                                                               |                                                                |
| Machinery/Driving restriction while on medication that can cause drowsines                                                                             | ss.                                                            |
| ☐ No continuous ☐ standing ☐ sitting for day(s).                                                                                                       | •                                                              |
| Must keep elevated forday(s).                                                                                                                          | LIMITED WORK WITH                                              |
| Sedentary work only for day(s).                                                                                                                        | ☐ NO WORK WITH                                                 |
| Must use crutches for day(s).                                                                                                                          | ☐ Right ☐ Left ☐ Hand                                          |
| No overhead work for day(s).                                                                                                                           | Arm Arm                                                        |
| No bending or twisting for day(s).                                                                                                                     | Foot Foot                                                      |
| Must wear immobilizer for day(s).                                                                                                                      |                                                                |
| No climbing on ladder or stairs for day(s).                                                                                                            | For Days                                                       |
| Other                                                                                                                                                  |                                                                |
| See your physician in days for reevaluation.                                                                                                           |                                                                |
| All patients are referred to their personal physicians or a doctor on the staff of this be obtained from that doctor and not the Emergency Department. | nospital. Release from restriction must                        |
| (or responsible person) have/has received and understand(s) the instructions to                                                                        | follow as noted above.                                         |
| Pati ent signature (or responsible person): fall July                                                                                                  |                                                                |
| PRINTED BY: SJS0422<br>DATE 12/08/2011                                                                                                                 | EO 102 NIMC/MMC                                                |
| EMCARE, INC                                                                                                                                            |                                                                |

MEDICAL RECORDS COPY

Patient: PAUL DULBERG, Med. Rec. #: B0000109381, Visit #: B1117900323, Date: 06/28/2011 Time: 17:02

#### Home Care Instructions

IMPORTANT: We examined and treated you today on an emergency basis or ity. This was not a substitute for, or an effort to provide, complete medical cære. In most cases, you must let your doctor check you again. Tell your doctor a bout any new or lasting problems. We cannot recognize and treat all injuries or illnesses in one Emergency Department visit. If you had special tests, such a≲ EKG's or X-rays, we will review them again within 24 hours. We will call you if there are any new suggestions. You were treated today by: Ford, Apiwat W...

After your visit to our Emergency Department, you may receive a survey in the mail. We want to be sure we have given you very good care and we ask that you please fill out the survey and return it in the mail.

After you leave, please follow the instructions below.

#### This Information is About Your Follow Up Care

Call as soon as possible to make an appointment to see your doctor in 10 days for suture removal. You can reach your doctor by calling their clinic phone number.

P Lease return to the Emergency Department in 10 days for suture removal if you would prefer to have the sutures removed in the ER. We do recommend that you follow-up with your Primary Care Physician but you can return to the ER for removal of your stitches if you choose...

This Information is About Your Illness and Disgnosis

#### VYOUND CARE (with stitches)

Y our wound was closed with stitches. Those are small threads that keep the s Kin closed to halp it heal. You have 3 internal and 11 external stitches. Those s hould be removed in 10 days.

#### At home, please follow these instructions:

- · Wash your hands before touching the dressing or wound.
- Keep the wound clean and dry.
- After 2 days, wash the wound gently with warm water and soap. Pat it dry.
- Put a light dressing on it if it rubs or there is drainage.

#### Call your doctor if:

- · you have redness, pain, or swelling in the area of your stitches.
- your wound drains pus.
- your stitches come out before your wound is healed.
- you have any new or bothersome symptoms.

This is Information About Your New Medications - Start taking as purescribed.

H YDROCODONE and ACETAMINOPHEN (Vicodin, Vicodin ES, Lortab, Lortab elixir, Zamicet, Norco, Zydone, Anexsia, Anolor, Bancap HC)

Take this medicine by mouth with food in the following dose: one 10mg/325mg tablet every 4 to 6 hours if needed for pain. Do not take more than as directed per day (24 hours).

This is a mixture of medicines (hydrocodone and acetaminophen) used to relieve moderate to severe pain. This medicine may be used for other reasons, as prescribed by your doctor.

#### Side effects may include:

- sleepiness or dizziness
- · upset stomach, nausea or vomiting
- constipation

Other side effects may occur, but are not as common. Alterny would show up as: rash or ltching, facial or throat swelling, wheezing or shortness of breath. This medicine can be habit forming if used for a long period of time.

#### Follow these instructions:

- Never take more of this medicine than prescribed. Too much acetaminophen in your body can cause liver damage.
- Read the labels of non-prescription medicines before taking them. Many contain acetaminophen, To avoid an overdose, do not take any other medicines that contain acetaminophen.
- Talk to your doctor or pharmacist before taking medicines for sleep, colds or allergies. Severe drowsiness may occur.
- Do not share this medicine with others as this medicine is a controlled-substance. Sharing this medicine with others is against the law.
- · To avoid constipation while taking this medicine:
  - Drink plenty of liquids. Try to drink 8 to 10 eight-ounce glasses of water or juice each day.
    - · Include extra fiber in your diet.
    - Exercise daily,
- Watch for signs of dependenca;
  - feeling that you "cannot live without this medicine".
  - you need more of this medicine than before to get the same relief.
- Do not drink alcohol, drive or operate machinery until you know how this medicine affects you.
- . Store this medicine away from heat, moisture or direct light,
- If you are taking this on a regular schedule and you miss a dose, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and return to your regular schedule. Do not double the doses.
- Talk with your doctor before taking any other medicines (including vitamins and herbals) as you may require additional monitoring.

#### Call your doctor if you have:

- any sign of dependence or allergy.
- increased pain not helped by the pain medicine.
- slow, weak breathing.
- seizures.
- slow or irregular heart beat.
- a yellow-color to your skin or eyes, or dark urine.
- stomach pain.
- unusual or extreme tiredness.
- any new or severe symptoms.

#### CEFADROXIL (Duricef)

Take this medicine until gone in the following dose: 500 mg by mouth 2 times a day for 5 days.

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DATE

Paiga Paul R

Account Number, B1117900323

Cestadroxil is an antibiotic used to treat infections caused by bacteria.

An tibiotics kill bacteria or prevent them from growing inside your body. This medicine may be used for other reasons, as prescribed by your doctor.

Side effects may include:

- diarrhea
- upset stomach, nausea or vomiting
- headache

Of their side effects may occur, but are not as common. An upset stomach is not a sign of allergy. Allergy would show up as rash or itching, facial or throat swelting, wheezing or shortness of breath.

#### Follow these instructions:

- Space your medicine doses evenly throughout the dey. This medicine works best if there is a constant amount in your blood.
- Take this medicine with food to avoid an upset stomach.
- Swallow the capsule and tablet form of this medicine whole with a full 8-ounce glass of water.
- For diabetics, this medicine can cause false test results when testing your urine for sugar. Talk with your doctor if you have questions.
- Store the tablet or capsule form of this medicine away from heat, moisture
  or direct light.
- Store the liquid form of this medicine in the refrigerator. Shake the liquid well before each use.
- If you miss a dose, take it as soon as possible. If it is almost time for your next dose, skip the missed dose. Do not double the doses.
- Talk with your doctor before taking any other medicines (including vitamins and herbals) as you may require additional monitoring.

#### Call your doctor if you have:

- any sign of allergy.
- no improvement after you've taken all the medicine.
- a seizure.
- any sign of a new infection (fever, general aches, chills, or unusual tiredness or weakness).
- ongoing nausea, vomiling or stomach pain.
- · white patches in your mouth.
- women; itching in or change in discharge from your vagina.
- inflammation (pain and swelling) in your intestine during treatment or up to weoks after you've finished this medicine;
  - ongoing diamhea
  - · stomach pain or cramping
  - blood or mucus in your bowel movements
- any new or bothersome symptoms.

#### SMOKING CESSATION

Smoking is the nation's leading preventable cause of death. It significantly increases the risk of coronary heart disease, stroke and cancer. In fact, more than half of all smoking rolated deaths in America oach year are from heart disease, stroke, or other cardiovascular diseases. The good news is, that one year after guitting, the risk of heart disease is cut in half. After five to fifteen smoke-free years, the risk is that of a person who never smoked!

If you or someone you love is interested in quitting, consider joining our "F reedom From Smoking "classes for adults. Centegra Health System and the McHenry County Department of Health have partnered together to bring you an effective program that will help you quit smoking. Call 877-CENTEGRA, (877-236-8347) for more information regarding this program. To speak with a counselor immediately, call the Illinois Tobacco lino at 1-866-QUIT-YES.

#### PAIN MANAGEMENT AFTER DISCHARGE:

A person may feel less pain just by being in familiar surroundings. Here are some frequently asked questions about your pain management:

- What can! do to help my pain management? A person's level of relaxation and their environment can affect their pain. If you are tired, over stimulated (too many visitors) are anxious about your diagnosis, or a past experience with a hospitalization, your pain perception may be impacted and your tolerance decreased. Ask questions, and inform us about any problems or concerns that you may have, re: pain. Partner with your health team for your best pain management.
- What if the medication is not working? Tell your health-care provider; physician, home health nurse, etc. You may need a different dose or type of medication.
- What if I feel I'm not getting enough pain control? Talk to your physician or home heelth nurse about it. Together you may be able to develop a pian to prevent or ease your pain. Depending on the cause of your pain, your health-care provider may suggest exercise, use of heat/cold, massage, repositioning, immobilization of the effected part, or distraction such as music or rest.
- There are other methods of pain management. Let your health-care provider assist you in finding the best one for you.

Weight management is one step to help maintain a healthy lifestyle. For certain medical problems, such as congestive heart failure, weight should be monitored daily.

YOU ARE THE MOST IMPORTANT FACTOR IN YOUR RECOVERY.

Follow the above instructions carefully. Take your medicines as prescribed. Most important, see a doctor again as discussed.

If you have problems that we have not discussed, or your problem changes or gets worse. Call or visit your doctor right away. If you cannot reach your doctor, return to the Emergency Department immediately.

Centegra Health System is very concerned about your safety and well being. As part of our efforts to always provide very good care, any medications you received during this visit were reconciled with medication you are currently taking. This reconciliation was based on the information you or your representative provided regarding your current medications and allergies.

"I have received this information and my questiona have been answered. I have discussed any challenges I see with this plan with the nurse or physician."

PAUL DULBERG or Responsible Person

PAUL DULBERG or Responsible Petson has received this information and tells me that all questions have been answered.

RN Staff Signature

Portions Styffendos 3567-2511 SCOSICARE Corporation Page 2

DATE

Parkorenago Paul R

Account Number, B1117900323

PAUL DULBERG was discharged on 06/28/2011 at 17:06 from the hospital. The following is a summary of the discharge instructions given to PAUL before discharge:

### This Information Is About Your Follow Up Care

Call as soon as possible to make an appointment to see your doctor in 10 days for suture removal. You can reach your doctor by calling their clinic phone number.

Please return to the Emergency Department in 10 days for suture removal if you would prefer to have the sutures removed in the ER. We do recommend that you follow-up with your Primary Care Physician but you can return to the ER for removal of your stitches if you choose..

### This Information Is About Your Illness and Diagnosis

WOUND CARE (with stitches)

This is Information About Your New Medications - Start taking as prescribed.

HYDROCODONE and ACETAMINOPHEN (Vicodin, Vicodin ES, Lortab, Lortab elixir, Zamicet, Norco, Zydone, Anexsia, Anolor, Bancap HC)

one 10mg/325mg tablet every 4 to 6 hours if needed for pain. Do not take more than as directed per day (24 hours).

CEFADROXIL (Duricef)

500 mg by mouth 2 times a day for 5 days.

- 1. How are you and/or your family doing today?
- 2. Is your pain/or symptoms better today?
- 3. Did you understand your discharge instructions?
- 4. Are you following up with a Doctor?

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PRINTED BY: \$J\$0422
Patient Name, PAUL R
Account Number, B1117900323

Dulberg 005412

5. Comments:

| Signature<br>Date: | of nurse | making<br>_Time; | phone | call; |      | ···· |            |      |     |
|--------------------|----------|------------------|-------|-------|------|------|------------|------|-----|
|                    |          |                  |       |       | FORM | GOES | TO MEDICAL | RECO | RDS |

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PRINTED BY: SUS0422
PAUL R
DATE Patient Name, PAUL R
Account Number, B1117900323

## CentegraHealthSystem

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1117900326 WELTER, KAITLYN O F 10Y 11/28/2000 06/28/2011 B 0000297787

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|-------------------|--|
| (Il)w             |  |
|                   |  |
| Initials:         |  |

#### RELEASE FROM LIABILITY FOR VALUABLES

I understand my belongings are my responsibility and I have been advised to send any items of value home. I release CHS from any liability for the loss, damage to, or theft of any of my belongings. Safes or lockers are available at the hosp tal facilities and may be used to store valuables.

#### PATTENT PRE-CERTIFICATION RESPONSIBILITY

Les nderstand I am responsible for the notification to my insurance company to obtain authorization before service is rendered. I further understand that if I do not pre-certify I may Incur a reduction or loss of paid benefits to the hospital for which I will be liable.

#### ASS IGNMENT OF BENEFITS! AGREEMENT FOR PAYMENT

I hereby authorize payment to be made directly to CHS and to the independent professional(s) for all insurance benefits otherwise payable to me. I understand I am financially responsible to CHS and independent professionals for all charges incurred. Patient "out-of-pocket" amounts will be requested prior to or upon discharge. In the event of default or non-payment, CHS shall be entitled to the right of recovery of all collection expenses, including court costs and reasonable attorney's fees for the purpose of securing payment. It is further agreed that any credit balance may be applied on any other account owed CHS by the guarantor/responsible party, or any open account for his/her dependent family.

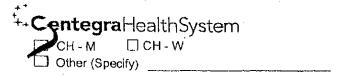
| attor=ney's fees for the purpose of securing paymonth other account owed CHS by the guarantor/respo | nsible party, or any                       | open account for his/                            | her dependent family                           | <i>(.</i>             |
|-----------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------|------------------------------------------------|-----------------------|
| PATIENT INFORMATION OFFERED                                                                         |                                            |                                                  |                                                |                       |
| Patient Rights/Responsibilities Yes                                                                 | Doclined) If No                            | o, Explain:                                      |                                                |                       |
| <ul> <li>Advance Directive Information Yes</li> </ul>                                               | Declined if No                             | o, Explain:                                      |                                                |                       |
| Notice of Privacy Practices Yes                                                                     | Declined If N                              | o, Explain:<br>o, Explain:                       |                                                |                       |
| Patient Billing Information Yes                                                                     | Declined If N                              | o, Expiain:                                      |                                                |                       |
| PATIENT CERTIFICATION                                                                               |                                            |                                                  |                                                |                       |
| By signing this General Consent and Acknowled contained in this form and accept its terms. I al     | lgement Form, I ack<br>so acknowledge I ha | nowledge I have read<br>ave received a copy o    | d and understand the<br>of this form for my re | information<br>cords. |
| INPATIENTS ONLY:                                                                                    |                                            |                                                  |                                                |                       |
| TRI CARE (Military) Insurance PATIENTS                                                              | Yes, I have receive                        | d TRICARE "Important N                           | lessage"                                       |                       |
| Patient Authorized Person Witness                                                                   | Moltille<br>Relationship                   |                                                  | 6/38///<br>Date                                |                       |
| l,                                                                                                  | , have intern<br>nds and agrees to th      | preted/translated the<br>ne terms set out in thi | above form to the pa<br>s consent form.        | it <b>ien</b> t. The  |
| In terpreter/Translator (Please Print Name)                                                         | Language                                   | Interpretation/3                                 | ranslation Provider (Co                        | ompany name or        |

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IMENERAL CONSENU AND (ACKNOWLEDGMENT Page 2 of 2



1117900326 WELTER, KAITLYN D F 10Y 11/28/2000 06/28/2011 B 0000297787



#### GENERAL CONSENT AND ACKNOWLEDGMENT

| Account Number/Effective Date: | *************************************** |  |
|--------------------------------|-----------------------------------------|--|
|                                |                                         |  |

#### CONSENT FOR MEDICAL TREATMENT

I have come to Centegra Health System (CHS) for medical treatment and consent to the customary examinations, tests, and procedures performed on patients in my condition. I understand and consent that independent professionals (such as my attending physician, on-call physicians, emergency medicine physicians, radiologists, anesthesiologists, pathologists, surgeons, obstetricians, consultants, nurse practitioners, physician assistants, certified registered nurse anesthetists and other specialists) may participate in my care as deemed necessary.

I agree to follow the Patient Rights & Responsibilities of CHS and to participate with independent professionals and CHS personnel in my care and treatment.

I understand the practice of Medicine is not an exact science and, therefore, no guarantees have been made regarding the likelihood of success or outcomes of any diagnosis, treatment, test, surgery or examination performed at CHS.

I understand this General Consent and Acknowledgement will remain in effect for this episode of care and will be provided to those areas of CHS where I receive care.

I understand the language in this Consent guides and controls all other forms and consents I may sign during my treetyment with Centegra Health System and any inconsistencies shall be interpreted consistent with terms of this document.

\_ PATIENT ACKNOWLEDGMENT OF INDEPENDENT PHYSICIANS

I acknowledge the independent professional(s) who provide services to me at CHS are not employees or agents of CHS, but are independent medical practitioners who have been permitted to use its facilities for the care and treatment of their patients. They include but are not limited to, my attending physician, on-call physicians, emergency medicine physicians, radiologists, anesthesiologists, pathologists, surgeons, obstetricians, consultants, nurse practitioners, physician assistants, certified registered nurse anesthetists and other specialists. My decision to seek care is not based upon any representation or advertisement of the independent professionals and I understand they are not employees or agents of CHS. CHS bills do not include physician, surgeon, or other independent professional services and I understand I will receive a separate bill directly from the independent professional. I have read and understand the above terms and confirm I am the patient or am authorized to sign on the patient's behalf.

PATIENT ACKNOWLEDGMENT OF INDEPENDENT SERVICES

During the course of my hospital stay, my physician may determine I require care at another medical facility, or I may request care at an alternate facility. I acknowledge that all transportation services provided in connection with my transfer to another facility are provided by an independent third party and I will receive a separate bill directly from the service provider for which I may be responsible.

#### USE AND DISCLOSURE OF HEALTH INFORMATION

Unless I request otherwise, CHS will provide my room location or telephone number to visitors and callers.

I understand CHS will use and disclose my health information for the purposes of treatment, payment, and health care operations, as permitted by law as described in the CHS Notice of Privacy Practices. Certain information can be used without obtaining my consent. I fully understand that the use or disclosure of my health information may include history, diagnosis and /or diagnostic treatment of mental health/ developmental disabilities conditions, alcohol or drug abuse and Acquired Immune Deficiency Syndrome (AIDS/ HIV).

I understand that if I refuse to allow disclosure of my health information to process my insurance claim, I may be financially responsible for all costs incurred by me for treatment. I agree to release and hold harmless CHS, its agents, and employees from any liability that may arise from the use or disclosure of my health information.

Mur Pictures/IMAGES

I understand photographs, videotapes or other images may be taken to document my care. These images may be kept by CHS and/or by the independent professional involved in my care. I understand I have the right to view or obtain copies of these materials which are in possession of CHS upon written request. It is my responsibility to confirm if such photographs, videotapes or other images have been taken. I understand images identifying me will only be released as allowable under law or with my written authorization.

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ADC10000-00 01/07 01/08 10/08 04/09

\*3CNTG\*

DATE 12/08/2011

GENERAL CONSENT AND ACKNOWLEDGMENT

Page 1 of 2



| ++ <b>Centegra</b> HealthSystem                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | E   E   9                                                                                                                                                                                                                                                                      |
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| ☐ CH-M ☐ CH-W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                |
| DU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 7900323<br>"BERG, PAUL R                                                                                                                                                                                                                                                       |
| GENERAL CONSENT AND ACKNOWLEDGMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 41Y 03/19/1970<br>/28/2011 B 0000109381                                                                                                                                                                                                                                        |
| Account Number/Effective Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                |
| CONSENT FOR MEDICAL TREATMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                |
| I have come to Centegra Health System (CHS) for medical treatment and cons and procedures performed on patients in my condition. I understand and consent my attending physician, on-call physicians, emergency medicine physicians, radiol surgeons, obstetricians, consultants, nurse practitioners, physician assistants, certother specialists) may participate in my care as deemed necessary. I agree to follow the Patient Rights & Responsibilities of CHS and to participate personnel in my care and treatment.  I understand the practice of Medicine is not an exact science and, therefore, not the likelihood of success or outcomes of any diagnosis, treatment, test, surgery or I understand this General Consent and Acknowledgement will remain in effect to those areas of CHS where I receive care.  I understand the language in this Consent guides and controls all other forms a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | that independent professionals (such as oglsts, anesthesiologists, pathologists, ified registered nurse anesthetists and with independent professionals and CHS guarantees have been made regarding examination performed at CHS. or this episode of care and will be provided |
| treath System and any inconsistencies shall be interpreted                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | no consents I may sign during my disconsistent with terms of this document.                                                                                                                                                                                                    |
| PATIENT ACKNOWLEDGMENT OF INDEPENDENT PHYSICIANS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                |
| I acknowledge the independent professional(s) who provide services to me at but are independent medical practitioners who have been permitted to use its finalished. They include but are not limited to, my attending physician, on-call pradiologists, anesthesiologists, pathologists, surgeons, obstetricians, consultants certified registered nurse anesthelists and other specialists. My decision to seek or advertisement of the independent professionals and I understand they are not not include physician, surgeon, or other independent professional services and directly from the independent professional. I have read and understand the above autifor treed to sign on the patient's behalf.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | acilities for the care and treatment of their hysicians, emergency medicine physicians, urrse practitioners, physician assistants, care is not based upon any representation employees or agents of CHS. CHS bills do                                                          |
| PATIENT ACKNOWLEDGMENT OF INDEPENDENT SERVICES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                |
| During the course of my hospital stay, my physician may determine I require careques t care at an alternate facility. I acknowledge that all transportation services another facility are provided by an independent third party and I will receive a separator which I may be responsible.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | provided in connection with my transfer to                                                                                                                                                                                                                                     |
| USE AIND DISCLOSURE OF HEALTH INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                |
| Unless I request otherwise, CHS will provide my room location or telephone null un derstand CHS will use and disclose my health information for the purposes operations, as permitted by law as described in the CHS Notice of Privacy Practice without obtaining my consent. I fully understand that the use or disclosure of my health of diagnostic treatment of mental health/ developmental disabilities Acquired Immune Deficiency Syndrome (AIDS/HIV).  I understand that if I refuse to allow disclosure of my health information to proceed that the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the cont | of treatment, payment, and health care s. Certain information can be used ealth information may include history, conditions, alcohol or drug abuse and ess my insurance claim. I may be                                                                                        |
| employ ees from any liability that may arise from the use or disclosure of my health                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | information.                                                                                                                                                                                                                                                                   |
| Initials PICTURES/IMAGES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                |
| I unaderstand photographs, videotapes or other images may be taken to docume CHS and/or by the independent professional involved in my care. I understand I have materials which are in possession of CHS upon written request. It is my respective or other images have been taken. I understand images identifying me                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ave the right to view or obtain copies of                                                                                                                                                                                                                                      |

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DATE 12/08/2011 GENERAL CONSENT AND ACKNOWLEDGMENT Page 1 of 2

or with my written authorization.

ADC100@0-00 01/07 01/08 10/08 04/09

\*3CNT\_G\*

# †-**Centegra**HealthSystem

1117900323

DULPERG, PAUL R M 141Y 03/19/1970 06/28/2011 B 0000109381

RELEASE FROM LIABILITY FOR VALUABLES

Lu Inderstand my belongings are my responsibility and I have been advised to send any items of value home. I release CHS from any liability for the loss, damage to, or theft of any of my belongings. \$afes or lockers are available at the hospit al facilities and may be used to store valuables.

### PATIENT PRE-CERTIFICATION RESPONSIBILITY

I understand I am responsible for the notification to my insurance company to obtain authorization before service is rendered. I further understand that if I do not pre-certify I may incur a reduction or loss of paid benefits to the hospital for which I will be liable.

### ASSIGNMENT OF BENEFITS/ AGREEMENT FOR PAYMENT

I hereby authorize payment to be made directly to CHS and to the independent professional(s) for all insurance benefits otherwise payable to me. I understand I am financially responsible to CHS and independent professionals for all charges incurred. Patient "out-of-pocket" amounts will be requested prior to or upon discharge. In the event of default or nonpayment, CHS shall be entitled to the right of recovery of all collection expenses, including court costs and reasonable attorn ey's fees for the purpose of securing payment. It is further agreed that any credit balance may be applied on any other account owed CHS by the guaranter/responsible party, or any open account for his/her dependent family.

| ,                                                                                                                                                     | ,                                        |                                               | The man depondent terming                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------------|---------------------------------------------------------------------------|
| PATIENT INFORMATION OFFERED  Patient Rights/Responsibilities  Advance Directive Information  Votice of Privacy Practices  Patient Billing Information | Yes Declined                             | II 1401 Explains                              |                                                                           |
| PATIENT CERTIFICATION                                                                                                                                 |                                          |                                               |                                                                           |
| By signing this General Consent and Acknoconta i ned in this form and accept its terms                                                                | owledgement Form,<br>. I also acknowledg | l acknowledge I hage I hage I have received a | ave read and understand the information copy of this form for my records. |
| INPATI ENTS ONLY:                                                                                                                                     |                                          |                                               |                                                                           |
| TRICARE (Military) Insurance PATIENTS                                                                                                                 | Yes, I have re                           | eceived TRICARE "Imp                          | oortant Message"                                                          |
| Patient/ Authorized Person  Witness                                                                                                                   | Relations                                | ship                                          | Date (0)281                                                               |
| i,<br>palie nt has informed me he/she fully unde                                                                                                      | , have i                                 | interpreted/translat<br>to the terms set or   | ed the above form to the patient. The ut in this consent form.            |
| Inter preter/Translator (Please Print Name)                                                                                                           | Language                                 | Interpre                                      | station/Translation Provider (Company name or<br>Relationship to Patient) |
| PF                                                                                                                                                    | RINTED BY: SO                            | JS0422                                        |                                                                           |
| GEN                                                                                                                                                   | eral consent and                         | AQNIQWLEDGME                                  | ENT                                                                       |

Page 2 of 2

Northern Illinois Medical Center

NIMC Radiology

Patient Name: DULBERG, PAUL R Account Number: B1117900323

Northern Illinois Medical Center

06/28/2011

10135 RIGHT FOREARM 2139703

HISTORY:

Chain saw versus forearm, forearm laceration.

IMPRESSION:

Right forearm films demonstrate no fracture or radiopaque foreign body. There is deep soft tissue laceration along the ventral surface of the mid

forearm.

FINDINGS:

This exam consists of two views of the right forearm which demonstrate deep laceration on the ventral aspect of the mid forearm as best visualized on the lateral view. No fracture or radiopaque foreign body is identified.

cc:

Apiwat W. Ford, D.O. Donald R Kennard, M.D. Frank Sek, M.D.

Electronically Authenticated Donald R Kennard, M.D. 06/28/2011 18:18 815-759-4683

D 06/28/2011 T 06/28/2011 5:19 P / LBA Northern Illinois Medical Center

NIMC Radiology

PRINTED BY: SJS0422
DATE 12/08/2011

#### Centegra Hospital-McHenry

: Centegra Health System

Centegra Hospital - McHenry

B1117900323 DULBERG, PAUL R M 41Y 03/19/1970 06/28/2011 0000109381

| FME                | RGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <u>NCY ADMISSI</u>                                                                          | <u>ON ASSESSMEN</u>                                                                                                                                                                                                           | NTT                                                                                 |                                                           |                                                                                                                                    |                                    |                                                                       |  |
|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------------------------|--|
| EXPRESE EST. (1)   | S BED #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 331405                                                                                      | BROUGHT BY:  Self  Relative Police By-riend Cther Ambulance:  GCS:\                                                                                                                                                           | יישל<br>מים<br>מים ו                                                                | Strotcher<br>Carried<br>Valked                            | TREATMENT PTA                                                                                                                      | □ Hand                             | nt Band applied<br>l Off Cornmunication<br>Band applied<br>rity watch |  |
| Chief              | compl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | aint/reason for visi                                                                        | t States                                                                                                                                                                                                                      | <u>ch</u>                                                                           | olo<br>olo                                                | teeling                                                                                                                            | R+ 0                               | ir hades                                                              |  |
| CURI               | RENT M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | EDS DAQenies                                                                                |                                                                                                                                                                                                                               |                                                                                     | Triage<br>ALLERGIES<br>Medications;                       |                                                                                                                                    | REACT                              | ION                                                                   |  |
|                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                             |                                                                                                                                                                                                                               |                                                                                     | Food:                                                     | ex 🗆 Dye                                                                                                                           |                                    |                                                                       |  |
| Langua<br>Do you   | Social W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ier □ Yes Interpre<br>ie at home? ℝ Yes □                                                   | eler Name/ATT Number:<br>No is there anyone in yo<br>II Here:                                                                                                                                                                 | our life that th                                                                    | Othe ureatens, Intimid                                    | ste SI Family D Alone D<br>ti<br>dates or harms you in any<br>roes called:                                                         | way? 🛛 Yes                         | Group home No Time:                                                   |  |
| cal History 🗆 None | ☐ Astl<br>☐ Bac<br>☐ Bloc<br>☐ Car<br>☐ Car<br>☐ CHI<br>LMP:_                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | nrna   Endo k problems   Gl pro od disorders   GU P cor   Glave diovascular   HEEI F   Norm | oring Deblems Deblems Deblems Deblems Deblems Deblems Deblems Deblems Deblems Deblems Deblems Deblems Deblems Deblems Deblems Deblems Deblems Deblems Deblems Deblems Deblems Deblems Deblems Deblems Deblems Deblems Deblems | Headachos/<br>Head inj pa<br>Hypertensio<br>MusculoSko<br>Nouro probl<br>PsychoSoci | st 3 months<br>in<br>detal problems<br>ems<br>at problems | Yes    Prossure Ulcer   Recont exposure   Reproductive problem   Respiratory problems   Soizures   Skin problems   Vision problems | □ MRS ns □ VRE □ Chic □ Mea □ Shin | kon Pox<br>slos<br>glos<br>p Throat                                   |  |
| Past Medic         | Cardiovascular   HEENT problems   PsychoSociat problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Skin problems   Sk |                                                                                             |                                                                                                                                                                                                                               |                                                                                     |                                                           |                                                                                                                                    |                                    |                                                                       |  |
| TB<br>His          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                             | ☐ Weight loss ☐ Night                                                                                                                                                                                                         |                                                                                     |                                                           | 3 ☐ Family history of ⊤B<br>☐ Fatigue ☐ Recent in                                                                                  |                                    |                                                                       |  |
| Vac                | cine                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | □ Fiu Tetanus D                                                                             | N/A 'Q Up to date 🗆 >                                                                                                                                                                                                         | 5 years D U                                                                         | nsure F                                                   | ediatric immunization 🛭                                                                                                            | Up to date 🛘                       | No 🗅 Unsuro                                                           |  |

EDN 10000-00 07/08 10/08 03/09 12/09 03/10 \*3EORN\*

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 $\mathsf{DATE}$ 

12/08/2011



\*3EDTSN\* / Rev. 08 / 07

| Centegra Hospital-W                                                                                                                                                                                                                        | CHenry                                                                                                                                                                                                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| © 1996 - 2006 T-System, Inc. Circle or check affirmatives, backslash () negatives.                                                                                                                                                         | B1117900323<br><b>DULBERG, PAUL R</b><br>M 41Y 03/19/1970                                                                                                                                                                                                                                                      |
| ++CentegraHealthSystem                                                                                                                                                                                                                     | M 41Y 03/19/1970<br>06/28/2011<br>0000109381                                                                                                                                                                                                                                                                   |
| EMERGENCY PHYSICIAN RECORD                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                |
| Upper Extremity Injury (4)                                                                                                                                                                                                                 | FOREARM / See diagram PROMERARM BE                                                                                                                                                                                                                                                                             |
| DATE: 6/28// TIME: 4/57 On arrival ROOM: EMS Arrivol EMS treatments ordered HISTORIAN: patient spouse paramedics HX / EXAM LIMITED BY: HPI  Chief complaint: Injury to: right./left hand wrist forearm elbow arm shoulder collar-bone area | FOREARM / see diagram tenderness soft-tissue / bony swelling / ecchymosis limited ROM deformity see diagram should be swelling / ecchymosis limited ROM deformity see diagram seeding / ecchymosis swelling / ecchymosis limited ROM deformity swelling / ecchymosis limited ROM deformity deformity deformity |
| duration / occurred: Where:  just prior to arrival home school neighbor's park                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                |
| yesterday work street days ago                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                |
| severity of pain: worse / persistent since                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                |
| mild moderate severe pain intermittent / lasting                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                |
| context: fall blow incised crushed burn                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                |
| associated symptoms: tingling / numbness distally                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                |
| suspected FB (skin lac) trouble breathing / chest pain trouble breathing / chest pain loss feeling / power arms / legs loss of bladder function recent fever / illness                                                                     |                                                                                                                                                                                                                                                                                                                |
| double vision / hearing loss other injuries all systems neg except as marked                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                |
| SOCIAL HX smoker drug use / abuse lives alone lives at home lives in nursing home FAMILY HX (negative)                                                                                                                                     |                                                                                                                                                                                                                                                                                                                |
| PAST HX / negative R/L HANDED prior injury diabetes Type 1 Type 2 diet / oral / insulin HTN heart disease Meds none I see nurses note                                                                                                      |                                                                                                                                                                                                                                                                                                                |
| Allergies- NKDA see nurses note                                                                                                                                                                                                            | MM T. MIN                                                                                                                                                                                                                                                                                                      |
| Nursing Assessment Reviewed Vitals Reviewed Tetanus immun. UTD                                                                                                                                                                             | an 1', 1, 1, 1                                                                                                                                                                                                                                                                                                 |
| PHYSICAL EXAM  GENERAL APPEARANCEc-collar ( PTA / in ED ) / backboardno acute distressmild _modurater/ severe distress                                                                                                                     | T=Tenderness PrT=Point Tenderness S=Swelling E=Ecchymasis B=Buvn C=Cantusian L=Laceratian A=Ahrasian M=Muscle spann PW=Puncture Wound (Ø= without m=mild mod=moderate r==severe)                                                                                                                               |
| alertanxious                                                                                                                                                                                                                               | Example. Tw = Tenderness on pulpudon (severe)                                                                                                                                                                                                                                                                  |
| EXTREMITIES HANDsee diagram                                                                                                                                                                                                                | NEURO / VASC / TENDON                                                                                                                                                                                                                                                                                          |
| nml inspection tenderness soft-tissue / bony                                                                                                                                                                                               | motor intact sensory / motor deficit                                                                                                                                                                                                                                                                           |
| deformity                                                                                                                                                                                                                                  | compromisepallor / cool skin / abnml cap rofili                                                                                                                                                                                                                                                                |
| wrist see diagram                                                                                                                                                                                                                          | tendon functionpulse deficit_radial_ulnar                                                                                                                                                                                                                                                                      |
| ngn-tendertenderness in anatomical shuff box                                                                                                                                                                                               | normaldeficit in tendon function                                                                                                                                                                                                                                                                               |
| _nml ROM*wrist pain on axial thumb load                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                |
| swelling / ecchymasislimited ROM                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                |
| deforming                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                |

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## Centegra Hospital-McHenry

|                                                                                                                 | п-иснелгу                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SKINdiaphoreuc / cool / cyanotic                                                                                | B1117900323                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| _warm, dry                                                                                                      | DULBERG, PAUL R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| HEAD I ENTtenderness                                                                                            | -   O6/28/2011                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| nml inspectionswelling / ecchymosis                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| pharynx nml                                                                                                     | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| NECK / BACK tenderness swelling / ecchymosis                                                                    | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| nml inspectionswelling / ecchymosis                                                                             | XRAYS   Intern by the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| RESPIRATORY tenderness                                                                                          | The District of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the C |
| thest non-tender swelling / ecchymosis / abrasions                                                              | R L hand wrist foregon-elbow humarus shoulder                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| breath ands nmlcrepitus / subcutaneous emphysema                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| decreased breath sounds                                                                                         | nmi alignment soft-tissun swolling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| wheezes / rales / rhonchi                                                                                       | no foreign bodypositive anterior fat-pad sign                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| tachycardla / bradycardla                                                                                       | positive posterior fat-pad sign                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Fieart sounds nmi                                                                                               | foreign body                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| GI (ABDOMEN) tonderness / guarding                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| non-tender<br>no organomegaly                                                                                   | transverse oblique comminuted angulated impacted torus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| i_nini bowel snds*                                                                                              | m j                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                                                 | Other study:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| PROCEDURES                                                                                                      | See separate report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Wound Description / Repair                                                                                      | PROGRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| length Sourm tocation RECKEARW BULL                                                                             | Timeunchanged improved re-examined                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| linear lirregular flap stellate superficial subcut muscle through-and-through                                   | 1 Total and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the st |
| contused tissue lip laceration                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| clean contaminated minimally moderately / *heavily                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| With                                                                                                            | initial fracture care provided: follow-up an                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| distal NVT: neuro & vascular status intact no tendon injury                                                     | _Rx given                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| anesthesia: local LET/tetracaine/adrenaline/cocaine /5 m                                                        | L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| marcaine 0.25% 0.5% lidoc 1% 2% epi/bicarb digital/metacarpul blo                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| prep: SUTURILLENS TOUT                                                                                          | CLINICAL IMPRESSION Foll Alleged Assault                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Betarline / semb                                                                                                | Contusion (B) L shoulder (forearth wrist                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Irrigated/washed wksaline /L/Madebrided                                                                         | Hematoma arm elbow hand                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| minimal/mad./*extensive minimal/mod./*/*extensive undermined                                                    | 1 - 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| wound explored undermined foreign material removed minimal / mod. / extensive                                   | Dislocation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| portially completely wound margins revised                                                                      | Laceration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| minimal / mod. / *extensive multiple flaps aligned                                                              | Fracture R/L radius distal/shaft/proximal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| no foreign body identified                                                                                      | ulna distal / shoft / proximal / ulnar styloid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| repair: Wound closed with: wound adhesive / startst rive                                                        | humerus distal / shaft / proximal / supracondylar Collas fracture stabilized / restorative                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| repair: Wound dosed with: wound adhesive / stert-strips                                                         | - (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Interrupted rynning simple mottress (h/v)                                                                       | DISPOSITION transferred home admitted expired                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| *SUBCUT-# 3 4-0 (vicryl / chromic )                                                                             | Time DAMA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| interrupted running simple mattress (h / v) OTHER- # -0 material                                                | CONDITION. Good Fair poor critical improved                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| interrupted running simple mattress (h/v)                                                                       | stable unchanged                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| may indicate intermediate repair may indicate complex repair                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                 | RESIDENT / PA / NP SIGNATURI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| splint Vekro OCI./Ontho-glass/Plaster Aluminum-foam.  Valar Thumb spica Ulnar Wrist Sugar-Tang Cock-up Colles   | ATTENDING NOTE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| applied by ED Physician / Orthopodist / Tech                                                                    | Resident / PA / NP's history reviewed, patient interviewed and examined, Briefly, pertinent HPI is:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| examined post splint application NY intect olignment good                                                       | My personal exam of patient reveals:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| deformity reduced no comportment syndrome                                                                       | Assessment and plan reviewed with resident / midlevel. Lab and ancillary studies show:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| sling                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| nursemaid's elbow reduced with supination                                                                       | Care plan reviewed. Patient will need:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| foreign body removed with forceps with incision                                                                 | Please see resident / midlevel note for details.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| closed reduction finger traps traction                                                                          | Autard 9025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                 | Physician Signature RTI# turned care over at                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                 | Physician Signature RTI# - #55umed care at                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Underline indicates organ system                                                                                | Template Complete Additional T-Sheet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| equivalent or minimum required for organ system RanNTED BY: S.                                                  | US 0 4 Z2 Template Complete  Additional T-Sheet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| pper Extremity Injury - 06 Page 2 of 2 DATE 4 9 12/008                                                          | 3/2011x: a , um,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| रेश्वाधार्यसम्बद्धाराम् । स्वर्थाः । स्वर्थाः । स्वर्थाः । स्वर्थाः । स्वर्थाः । स्वर्थाः । स्वर्थाः । स्वर्थाः | र्वभग्नीमधीमधीमधारीमधार्म                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

#### Centegra Hospital-McHenry

# • CentegraHealthSystem



B1117900323 DULBERG, PAUL R M 41Y 03/19/1970 06/28/2011 0000109381

| ADMISSION ASSESSMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Τ                                                                                                                                                                                                                                                                                                                                               |                                                                                                        | iark drawing with<br>i. Abrasion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | number:                                                              |
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| Pain Scale used: ☐ Wong Baker  ALCOHOL INTAKE: ☐ Never  Type: Amount:  STREET/REC DRUGS: ☑ Never ☐  Typo: Amount:  TOBACCO HISTORY: ☐ Nover ☐                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Occasionally DAILY  Last Drink:  Occasionally DAILY  Last Used:                                                                                                                                                                                                                                                                                 | Chronic D New Onset  Sharp D Achy                                                                      | 2. Amputation 3. Avulsion 4. Bleeding 5. Burn 6. Bruse 7. Deformity 8. Fracture 9. GSW 9. Hemaloma 1. Laceration 2. Pain 3. Stab wound 4. Foreign body 5. Pressure uke 6. Leg ulcer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Right Right                                                          |
| COC DYes D No Conscious D Unconscious Alert Oriented X O Crying D Lothargic D MAE Slurred speech Irritable Combative Pupils D NA D PERL R L Reactive D D Fixed D D Fixed D D Formation Fixed D D Formation Fixed D D Formation Fixed D D Formation Fixed D D Formation Fixed D D Formation Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fixed D D Fix | Cardiac/Circulatory: □ NA  □ Pink □ Warm □ Dry □ Cool □ Hot □ Flushed □ Diaphorotic □ Dale □ Clammy □ Cyanotic RADIAL PULSES R 1  Present □ □ Absent □ □ Cap Refill □ 22Sec □ >2 Sec Ankle ederna □ Yes □ No Monitor:  Respiratory □ NA □ Distress □ None □ Mild □ Moderate □ Severa □ Stridor □ Nasal Flaring □ Retractions □ Productive cough | Describe;<br>Epistaxis; □ NA R<br>Controlled □ 4                                                       | No Corroction  I No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Gl/Abdominal:  NA Denies   Soft                                      |
| de laceration des productions de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance de la constance  | SENHANCED FALL RISK No risks of DN MANUEL TO E                                                                                                                                                                                                                                                                                                  | DAN CO-1<br>Saw Ho (R)<br>J. H. Gall<br>J. Switch (S<br>ON Switch (S<br>ON Switch (S)<br>ON Switch (S) | Works<br>Jordan<br>Gasta<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jordan<br>Jord | 2 for log<br>export of<br>expersed<br>four of<br>13 fc<br>tasksassed |
| Associate Signature/In                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | mais: /////////                                                                                                                                                                                                                                                                                                                                 | Associate Signatu                                                                                      | ire/initials:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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PRINTED BY: \$150 200 ASSESSMENT

DATE

12/08/2011

### Centogra Hospital-McHenry



B1117900323 DULBERG, PAUL R M 41Y 03/19/1970 06/28/2011 0000109381

# Centegra Health System

## **EMERGENCY ADMISSION ASSESSMENT**

| Time              | Blood pressure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Pulse        | Resp                                  | Temp                       | SpO2                                       | O2                        | GCS E/VIM                                          | Monitor                                | Intako        | Outpu        |  |  |
|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------------------------|----------------------------|--------------------------------------------|---------------------------|----------------------------------------------------|----------------------------------------|---------------|--------------|--|--|
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              | <del></del>                           | <del> </del>               |                                            | <del></del>               |                                                    |                                        |               |              |  |  |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | -            |                                       |                            |                                            |                           | //                                                 |                                        |               | <del> </del> |  |  |
|                   | Controlatic Lying: Sitting: Standing:   Controlatic Lying: Sitting: Standing:   Controlatic Lying: Sitting: Standing:   Controlatic Lying: Sitting: Standing:   Controlatic Lying: Sitting: Standing:   Controlatic Lying: Sitting: Standing:   Controlatic Lying: Sitting: Standing:   Controlatic Lying: Sitting: Standing:   Controlatic Lying: Sitting: Standing:   Controlatic Lying: Sitting: Standing:   Controlatic Lying: Sitting: Standing:   Controlatic Lying: Controlatic Lying:   Controlatic Lying: Standing:   Controlatio Lying: Standing:   Controlatic Lying: Standing:   Controlatic Lying:   Control |              |                                       |                            |                                            |                           |                                                    |                                        |               |              |  |  |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <del> </del> |                                       | <del> </del>               |                                            |                           |                                                    |                                        |               |              |  |  |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <del> </del> | <del></del>                           | ·                          | <b>-</b>                                   | <del>-}</del>             |                                                    | <u> </u>                               |               | }            |  |  |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                                       |                            |                                            |                           | <del>-   -   -   -   -   -   -   -   -   -  </del> | <del> </del>                           | <del></del>   | <del> </del> |  |  |
|                   | Orthostatic Lying                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ):           | Sitting:                              |                            | Standing.                                  |                           |                                                    |                                        |               | <u> </u>     |  |  |
| <u>Treatments</u> | /Procedures;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                       |                            |                                            |                           |                                                    | <del></del>                            |               |              |  |  |
| D Charle          | рру:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 🗀 Intul      | batod                                 |                            | Respiratory t                              | reatment; _               | Neb                                                | Tx: t                                  | Cent Pulsa Ov |              |  |  |
| ☐ NG tube         | # @                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | •            | ☐ Time Out:                           |                            | Eye irrigation                             |                           | □ Ear                                              | irrigation:                            |               |              |  |  |
| □ Lumbar          | punduje:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |                                       | Time Out:                  | ······································     | U Gastr                   | ic lavage:                                         |                                        |               |              |  |  |
| Blood Chie        | xam:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              | Stra                                  | ight Cath/C                | UD @                                       |                           | D_Bla                                              | dder scan Ame                          | ment sneet    |              |  |  |
| Normal Val        | uos Ago 60 or more                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (80-09)      | _Time:                                | By:                        | 4. 46 4                                    | = 00 - 1                  | Co₁                                                | itlnuous Cardia                        | c Monitoring  | •            |  |  |
| Normal Val        | ue: Age newborn to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1d (40-6     | ng/di), 13-60 y<br>0 mg/di) 1d-1      | r. (75-99),<br>Mo. (50-99) | 1 mo13 yr. (<br>Cr <del>i</del> tical Valu | 60-99) Cri<br>le less tha | tical Value less th<br>n 40 or more than           | ian 40 or more                         | than 400      |              |  |  |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              | · · · · · · · · · · · · · · · · · · · |                            |                                            |                           | , to or more than                                  |                                        |               |              |  |  |
| Monud (           | Sare 1 1000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 116          | ☐ Dressing:                           |                            | Ortho Care:_                               |                           | _                                                  | ☐ Crutches                             |               |              |  |  |
| 💶 Irrigation      | Irrigation: Antibiotic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              | D I                                   | ce Time:                   | •••                                        | _ □ Cast                  | ☐ Patient's own crutches                           |                                        |               |              |  |  |
| □ Soak:           | Soak:   Adaptic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              | O 6                                   | lovate Timo:               |                                            | _ □ Sling                 |                                                    |                                        |               |              |  |  |
| htisepti          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                                       |                            |                                            |                           |                                                    |                                        |               |              |  |  |
| d Other:          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              | □ Kling                               |                            |                                            |                           |                                                    |                                        |               |              |  |  |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              | ☐ Tube gauze                          |                            |                                            |                           | <del></del>                                        |                                        |               |              |  |  |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              | □ Steristrip                          |                            |                                            |                           |                                                    |                                        |               |              |  |  |
| Isolation T       | ype:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              | •                                     |                            | •                                          |                           | _                                                  |                                        |               | ٠            |  |  |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              | C 05.11 61035                         | ng Li                      | INIA 2 GEGOLIE                             | HODINZAGO                 | n                                                  | □ Longth:                              |               | <i>,</i>     |  |  |
| DISPOSITION       | ON: DoHome                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | □ lail □     | Nuceina bossa                         | VEC C                      | 1                                          |                           |                                                    |                                        |               |              |  |  |
| O Other ta        | orlity:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | O Expir      | od DAMA                               | necc c                     | □ Inpat                                    | ient ⊔Ob<br>e:            | servation Li Surgi                                 | Accompani                              | ind hu        |              |  |  |
| Mode; □ W         | C ALAValk D Carr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | y 🗆 Amb      | ulance:                               |                            | _ ↓ レ ヒパ カ                                 | old from                  | ot                                                 | Accompani                              | оц ву         | •            |  |  |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                                       |                            | ☐ To u                                     | it/room#                  |                                                    | : _:                                   |               |              |  |  |
| <b>Mischard</b>   | le Instructions aivai                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | D-BYNIGER    | as undareled                          | ina                        | ☐ No or                                    | o chart<br>Parne Pain     | Lovel:                                             | D D Chart to flo                       | 100           |              |  |  |
| <b>⊘</b> Discharg | io Pain Level; 🕌                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (9-19)       | GCS/S_RTS                             | S:                         |                                            | GCS:                      | RTS:                                               | (0-10)                                 |               |              |  |  |
| viscnarų          | e by:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | MAN          | oll for                               | 17-5                       | - I                                        |                           |                                                    |                                        |               |              |  |  |
| Discharge \       | /ital Signs:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                       | 12                         | Skin Inte                                  | grity Intact              | ⊔ Yes DiNo (se                                     | o documentati                          | on)           |              |  |  |
| Discharge S       | HOMOSIA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              | 11)                                   | ()                         | 1                                          |                           |                                                    | <del></del>                            |               | •            |  |  |
| RN: W             | WIN T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Dis          | Initi:                                | als: ////                  | loalen:                                    |                           |                                                    | 1,                                     | nitiola:      |              |  |  |
| Tech:             | BULLU #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1/1/2        | Initia                                |                            |                                            |                           | <del></del>                                        | ······································ | nitials:      |              |  |  |

EMERGENCY ADMISSION ASSESSMENT PRINTED BY: 육통대상은

DATE

12/08/2011

### Centegra Hospital-McHenry

# **Centegra**HealthSystem



B1117900323 DULBERG, PAUL R M 41Y 03/19/1970 06/28/2011 0000109381

## ADMISSION ASSESSMENT

|                             | Lab          |              | MD/DO<br>Order<br>Time<br>MD/DO<br>Initials | Lab               |                            |                                       | MD/DO<br>Order<br>Time<br>MD/DO<br>Initial |                             | Lab                 |              |                                                  | O/DO<br>der<br>ne<br>ini | o l                              |                                       | ig             | MD/DO<br>Order<br>Time<br>MD/DO                  |
|-----------------------------|--------------|--------------|---------------------------------------------|-------------------|----------------------------|---------------------------------------|--------------------------------------------|-----------------------------|---------------------|--------------|--------------------------------------------------|--------------------------|----------------------------------|---------------------------------------|----------------|--------------------------------------------------|
| □ ABG                       |              |              |                                             |                   | PTT                        | · · · · · · · · · · · · · · · · · · · |                                            | D wo                        | und culture         | 3            | Init                                             | 181                      | FIT                              | Spine                                 |                | Initial                                          |
| ☐ Amyla                     |              |              |                                             |                   | RSV                        | <del></del>                           |                                            |                             |                     |              |                                                  |                          |                                  | Spine<br>Spine                        |                | <del> </del>                                     |
| □ Blood                     | Culture      |              |                                             |                   | Salicyla                   | ate                                   | ~~···                                      |                             |                     | <del>-</del> |                                                  |                          |                                  |                                       | <del> </del>   |                                                  |
| O BMP                       |              |              |                                             |                   | Spulun                     | n culture                             | ***************************************    |                             |                     |              | ┪                                                |                          | ☐ Ultrasound-<br>☐ CT Scan-Brain |                                       |                | ·                                                |
| D BNP                       | 1.00         |              |                                             |                   | Strep                      |                                       |                                            |                             |                     |              | <del> </del>                                     |                          | ☐ CT Scan-C Spine                |                                       |                | <del> </del>                                     |
| □ CBC v                     | <u>//am</u>  |              |                                             |                   | Trichin                    |                                       |                                            |                             |                     |              | <del>                                     </del> |                          | ☐ CT Scan-Chest                  |                                       |                | <del> </del> -                                   |
| CJ CMPL  D D. Din           |              |              |                                             |                   | ☐ Troponin ☐ POC           |                                       |                                            | Other                       | Other/Miscellaneous |              | _                                                |                          | CT Scan-Chest PE                 |                                       |                | <del></del>                                      |
| Digoxi                      |              |              |                                             |                   | ☐ Tylenol                  |                                       |                                            | □ 02                        |                     |              |                                                  |                          |                                  | <del> </del>                          |                |                                                  |
| D ETOH                      | I LEVE       |              |                                             |                   | ☐ Type & screen            |                                       |                                            |                             | ☐ EKG Time Acquired |              |                                                  |                          | ☐ CT Scan-Abd/Pelvis             |                                       |                | <del> </del>                                     |
| GC/Ch                       | lam. die     |              |                                             | 14                | ☐ Type & cross             |                                       |                                            | Time                        |                     |              |                                                  |                          | □ FA                             | ST Scan                               |                | <del> </del>                                     |
| D Hepati                    |              |              |                                             | ۱                 | of units                   |                                       |                                            |                             | ☐ EKG Time Acquired |              |                                                  |                          | ☐ ED Preg Lld US                 |                                       |                | <del> </del>                                     |
| D HCG                       | Dualitati    |              |                                             |                   | UA                         |                                       |                                            | Time                        | Read                |              |                                                  |                          | DEC                              | Preg follo                            | w up US        | <del> </del>                                     |
|                             |              |              |                                             |                   |                            | lex culture                           |                                            | Med                         | ical Ima            | ging         |                                                  |                          | DEC                              | Pelvis Lid                            | US             | 1                                                |
| □ HCG C                     |              |              |                                             |                   | Urine C                    |                                       |                                            |                             | est PA/Lat          |              | 1                                                |                          | O ET                             | Abd Aorta                             | US             | <del> </del>                                     |
| □ Influen                   |              | en [         |                                             |                   |                            | rug Screen                            |                                            |                             | est Port            |              |                                                  |                          |                                  | Doppler p                             |                | <del> </del>                                     |
| 🗆 Lipase                    |              | - 1          |                                             |                   | Urine I-                   |                                       |                                            | □ c-                        |                     |              |                                                  |                          |                                  | Venous D                              |                | <del> </del>                                     |
| MRSA                        |              |              |                                             |                   | ☐ Pos ☐ Neg ☐ POC          |                                       |                                            |                             |                     |              | -                                                |                          | E CO Vellous Dubix EXI           |                                       |                | 1                                                |
| D PT                        |              |              |                                             | ☐ Urine Dip ☐ POC |                            |                                       |                                            | ☐ X-Table                   |                     |              |                                                  |                          | D ED Trauma trans ech            |                                       |                | <del> </del>                                     |
| 7 17 1                      |              |              |                                             |                   | Wet pre                    | ∌p                                    |                                            | ☐ Pel                       |                     |              |                                                  |                          |                                  | Trauma a                              |                | <del>                                     </del> |
| MD/DO T                     |              | 7            | <del></del>                                 |                   |                            |                                       |                                            | -50                         | F 4. L              | 4.47         | 八流                                               | 3                        | <del></del>                      |                                       |                | 4                                                |
| Order<br>Time &<br>nitials  | ORB          | Sta<br>Tic   |                                             | ор<br>те          | IV                         | Solution & Ar                         | nount                                      | Warm<br>Y/N                 | Additiv             | es           | Site                                             | Cath                     | Size                             | Rate                                  | Amt<br>Infused | Initials                                         |
|                             |              |              |                                             |                   |                            |                                       |                                            |                             |                     |              |                                                  |                          |                                  |                                       |                |                                                  |
|                             |              | <del> </del> |                                             |                   | <del> </del>               |                                       |                                            |                             |                     |              |                                                  |                          |                                  |                                       |                |                                                  |
|                             |              | -            |                                             |                   | ·                          |                                       |                                            |                             |                     |              |                                                  |                          |                                  |                                       |                |                                                  |
| He <u>ig</u> ht             | : 5          | 1/7          | PI                                          | Wei               | ight:                      | 1/25                                  |                                            | ies: _Z                     | 1112                | <i>y</i>     |                                                  |                          |                                  |                                       |                |                                                  |
| VID/DO 1                    |              |              |                                             |                   |                            | 141                                   | Anerg                                      | iesZ                        | VAJY                | 7            |                                                  |                          | ·                                |                                       |                |                                                  |
| Order<br>Time &<br>Initiale | ORB          | Tirn<br>Give |                                             |                   | Pain<br>S                  | Medication.                           | /Order                                     | Dosage                      | Route               | Site         |                                                  | ials                     | Time                             | Effects                               | Pain<br>Scale  | Initials                                         |
| And                         | <u> </u>     | 1.72         | K2                                          | _//               |                            | IV ORC                                | 0                                          | 18/11                       | (2)                 |              | 1/17                                             | 716                      | 10                               | 25816                                 | 110            | Winne                                            |
|                             |              | /52          | 22                                          | _/_               |                            | ALIK                                  | CICAL                                      | 519CV                       | 1/5                 |              | 12                                               | W                        | 10                               | Jugar                                 | 7-             | VILLE                                            |
|                             |              |              |                                             |                   |                            | Bury                                  | une o                                      | 2,250                       | 18 001              | Kr 1         | #                                                | 5                        | <del>/</del>                     | · · · · · · · · · · · · · · · · · · · |                |                                                  |
|                             |              |              |                                             |                   |                            | 9,                                    |                                            |                             | 1                   |              | -f~~                                             |                          |                                  |                                       |                | <del>                                     </del> |
|                             |              |              |                                             |                   |                            |                                       |                                            |                             |                     |              | 1                                                |                          |                                  | <del> </del>                          |                | <del> </del>                                     |
|                             |              |              |                                             |                   |                            |                                       |                                            |                             |                     | 1            | 1                                                | <del>     </del>         |                                  | <del> </del>                          | <del></del>    | <del> </del>                                     |
|                             | <del>,</del> |              |                                             |                   |                            |                                       |                                            |                             |                     |              |                                                  | 1                        |                                  | <del></del>                           | <del>-  </del> | <del> </del>                                     |
| Tan 5                       | LUID         | ep 0.5       | smL DT                                      | T 0.5             | mL                         | Time:                                 | Site:                                      | RN:                         | Lot#                | .l.,         | Ex                                               | p                        | Mfr                              | <del>*</del>                          | _ □ VIS        | Given                                            |
| Td 0.5m                     |              |              |                                             |                   |                            |                                       |                                            | l Nursir<br>I Vitals        | ng Asses<br>Reviewe | sment        | and                                              | Medic                    | ation                            | Reconci                               | liation Re     | eviewed                                          |
| Td 0.5m                     |              |              |                                             |                   |                            |                                       |                                            |                             |                     |              |                                                  |                          |                                  |                                       |                |                                                  |
| Td 0.5m<br>∋ch:             |              |              |                                             |                   | Initia                     | le.                                   |                                            | Toch                        |                     | 1            |                                                  |                          |                                  |                                       |                |                                                  |
|                             | <b></b>      |              |                                             |                   | Initia                     |                                       | ~                                          | Tech:                       |                     | 1            |                                                  |                          |                                  | Initial:                              |                | 7                                                |
| ech:                        | 775          | ~~~          | id V                                        |                   | Initia<br>Initia<br>Initia | ls:                                   | Tim                                        | Tech: _<br>Physic<br>Physic | an:                 | ast.         | T CKI                                            |                          |                                  | Initial:<br>Initial:<br>Initial:      | s/M            |                                                  |

Rev 04/04/11

PRINTED BY: SJS0422

DATEMERGENCY/ADSVISSION ASSESSMENT Page 3 of 4

•

## **CERTIFICATE OF SERVICE**

The undersigned hereby certifies that a copy of the foregoing document was

## served upon:

Attorney Hans A. Mast Law Offices of Thomas J. Popovich 3416 West Elm Street McHenry, IL 60050

by depositing the same in the United States Post Office Box addressed as above, postage prepaid, at Rockford, Illinois, at 5:00 o'clock p.m. on June 12, 2012.

Rosel A Bul

Cicero, France, Barch & Alexander, P.C. 6323 East Riverside Blvd. Rockford, IL 61114 815/226-7700 fax: 815/226-7701

Pre-payment

Law Offices of Thomas J. Popovich, P.C.

3416 West Elm Street McHenry, IL 60050

Telephone: 815-344-3797 Facsimile: 815-344-5280

### **CHECK REQUEST**

PAYABLE TO:

Northwest Community Hospital

FOR:

Medical Records

**CLIENT:** 

Dulberg, Paul

AMOUNT:

\$76.27

DATE:

July 27, 2012

**REQUESTED BY:** 

Alarie

Thank You!!

www.nch.org

### RELEASE OF INFORMATION PREBILL

THOMAS J POPOVICH 3416 W ELM ST MCHENRY, IL 60050



#### For Producing Copies of Medical Records for:

| Patient Name:   | MRN:       | Invoice Date: | Invoice Number: |
|-----------------|------------|---------------|-----------------|
| DULBERG, PAUL R | 0001307925 | July 19, 2012 | 59149           |

| Total Pages:                                       | 61                                                                            |                        |                                       |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------------------------|-------------------------------------------------------------------------------|------------------------|---------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Billing Tier;                                      | Attorney 2011                                                                 | Billing Tier<br>Pages: | 61                                    | Subtotal<br>:                                                     | \$72.27                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Postage:                                           | \$4                                                                           |                        |                                       |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Total Charges:                                     | \$76.27                                                                       |                        |                                       |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Adjustment Amount:                                 |                                                                               | Adjustment<br>Reason:  |                                       |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Adjust/Payment Total:                              |                                                                               |                        |                                       |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Balance Due:                                       | \$76/27                                                                       |                        |                                       | ·                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| MasterCard<br>VISA<br>Discover<br>American Express | []<br>[]<br>[]                                                                |                        | 80<br>Ari                             | rthwest Comm<br>0 W. Central l<br>Ington Height<br>d: (847) 618-4 | s, IL 60005                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| CARD#:                                             |                                                                               |                        |                                       |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Expiration Date:                                   | Total                                                                         | Payment:               |                                       |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Name/Signature (Card Holder)                       |                                                                               |                        | Conta                                 | ct Phone:                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                    | mation Department for questions re<br>st please contact our office in writing |                        | ou wish to canc                       | el                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

| 4             |                   |                      | *** |
|---------------|-------------------|----------------------|-----|
| Requester:    | THOMAS J POPOVICH | Balance Due: \$76.27 | 500 |
| Patient Name: | DULBERG, PAUL R   | Request ID: 47986    |     |

#### COMPEX LEGAL SERVICES

325 Maple Avenue, Torrance, California 90503

(888) 685-4411

### RECORD REQUEST FORM

Compex Order: F13657

December 06, 2013

| 34 16 WEST EL<br>MCHENRY, IL | M STREET                    |
|------------------------------|-----------------------------|
|                              |                             |
| RE:                          | DULBERG V. GAGNON, ET AL.   |
| Case No.:                    | 12 LA 000178                |
| Record Subject:              | DULBERG, PAUL               |
| Records request              | ed by: LAW OFFICES OF STEVE |
| DE AD TANK                   |                             |

PAUL OFFICES OF STEVEN LIHOSIT

DEAR HANS A. MAST:

Compex Legal Services has been requested by the firm named above to obtain records from the locations listed below.

If you require copies of any of these records, please indicate by checking the box next to the appropriate location(s) and sign and return the form(s) to Compex Legal Services. If no boxes are checked, we will assume you are requesting records from all locations.

#### Please note:

By placing a check mark in the box next to a location, you have indicated your desire to receive a copy of the records received by Compex Legal Services from that location. Should you desire a copy of any original item(s) listed below the location, please indicate by checking the box before the item description. If you check "Films" and/or "Other" which may include copies of original items such as photos, blueprints, video or audio tapes, you must place your order within (2) business days of receipt of this notice to assure proper

|         | If a location pro | vides a Ce                            | rtificate of No Records, you will receive a copy UNLESS this box is checked                                                    |           |
|---------|-------------------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------|
| Recor   |                   | Other                                 |                                                                                                                                |           |
|         |                   |                                       | A . ALEXIAN BROTHERS NEUROSCIENCES INSTITUTE                                                                                   |           |
|         |                   |                                       | rith Compex Legal Services, normal billing will apply. <u>If you represent an insurance carrier and prefer that we bill th</u> | <u>em</u> |
| Carrie  |                   |                                       | Adjuster                                                                                                                       |           |
| Addre   | SS                | <del></del>                           | Phone                                                                                                                          |           |
| City, S | it                | ·····                                 | Zip                                                                                                                            | _         |
| Clairn  | ·                 | · · · · · · · · · · · · · · · · · · · | lnsured                                                                                                                        |           |
|         | Your signature    | below cor                             | firms that you are ordering these records and agree to the terms and conditions(attached)                                      |           |
| Author  | rized signature   |                                       | (Required) Date                                                                                                                |           |

| IN THE CIRCUIT COURT OF THE TWENTYSECOND JUD                                                                                             | ICIAL CIRCUIT, MCHENRY COUNTY, ILLIN                                       | NOIS                                   |
|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------|
| DULBERG                                                                                                                                  | 1                                                                          |                                        |
| y. Plaintiff/Petition                                                                                                                    |                                                                            |                                        |
| GAGNON, ET AL.                                                                                                                           | No. 12 LA 000178                                                           |                                        |
| Defendant/Responde                                                                                                                       | ent .                                                                      |                                        |
| SUBPOENA IN A C                                                                                                                          |                                                                            |                                        |
| (For Testimony and                                                                                                                       |                                                                            |                                        |
| TO: ALEXIAN BROTHERS NEUROSCIENCES INSTITUTE                                                                                             |                                                                            |                                        |
| 800 BIESTERFIELD ROAD, EBERLE BLDG., SUITE 610                                                                                           |                                                                            |                                        |
| ELK GROVE VILLAGE, IL 60007                                                                                                              |                                                                            |                                        |
|                                                                                                                                          |                                                                            |                                        |
| 1. YOU ARE COMMANDED to appear to give your testimony before th                                                                          | e Honorable                                                                |                                        |
| in Room                                                                                                                                  | , Illinois on                                                              |                                        |
| atm,                                                                                                                                     |                                                                            |                                        |
| 2. YOU ARE COMMANDED to appear and give your deposition testimony                                                                        | before a Notary Public at:                                                 |                                        |
| in Room                                                                                                                                  | , Minois on                                                                |                                        |
| atn.                                                                                                                                     |                                                                            |                                        |
| 3. YOU ARE COMMANDED to mail the following documents in your posses                                                                      | ession or control to COMPEX LEGAL SERVICES                                 | INC                                    |
| at 1016 WEST JACKSON BOULEVARD, SUITE 213, CHICAGO, IL 60                                                                                | 0607 on or before DECEMBER 24                                              | _ 2013                                 |
| at 10:00 a m.                                                                                                                            | , with being become better                                                 |                                        |
| (THIS IS FOR RECORDS ONLY, THERE WILL BE NO ORAL INTERRO                                                                                 | GATORIESA:                                                                 |                                        |
|                                                                                                                                          |                                                                            |                                        |
|                                                                                                                                          |                                                                            |                                        |
| Description continued on attached page(s).                                                                                               |                                                                            | ······································ |
| OUR FAILURE TO RESPOND TO THIS SUBPOENA WILL SUBJECT YOU T                                                                               | O PUNISHMENT FOR CONTEMPT OF THIS COL                                      | IRT.                                   |
| ore to beponent.                                                                                                                         |                                                                            |                                        |
| 1. The deponent is a public or private corporation, partnership, associate requested are as follows: TO OBTAIN FACTUAL INFORMATION RELAT | ion, or governmental agency. The matter(s) on which                        | ch examination is                      |
| DAMAGES ALLEGED BY THE PARTIES IN THIS LAWSUIT AND NO                                                                                    | OTHER MEANS OF PRODUCTION ARE AVAILABLE                                    | ND/OR                                  |
|                                                                                                                                          | OTHER MEANS OF PRODUCTION ARE AVAILABLE                                    | i.                                     |
| Description continued on attached page(s).                                                                                               |                                                                            |                                        |
| (A nonparty organization has a duty to designate one or more officers                                                                    | , directors, or managing ugents, or other persons to                       | testify on its habalf                  |
| person designated, the matters on which the                                                                                              | nat person will testify. III. Sup. Ct. Rule 206.)                          | vesti, on his behalf,                  |
| 2. The deponent's testimony will be recorded by use of an audio-visual re                                                                | ecording device, operated by                                               |                                        |
| 3. No discovery deposition of any party or witnesses shall exceed three he                                                               | (Name of Recording<br>ours regardless of the number of parties involved in |                                        |
| that good cause                                                                                                                          | warrants a lengthier examination. Ill. Sup. Ct. Rul                        | e 206(d).                              |
| ty . No. Pro Se 99500                                                                                                                    |                                                                            |                                        |
| MIP: I LINI I M. ACCAKIJO                                                                                                                | Issued by: [S] PERRY A. ACCARDO                                            |                                        |
|                                                                                                                                          |                                                                            |                                        |
| ty. for: GAGNON                                                                                                                          | Signature                                                                  |                                        |
| ty. for: GAGNON  Idress: 200 NORTH LASALLE STREET, SUITE 2550                                                                            | X Attorney                                                                 |                                        |
| ty. for: GAGNON Idress: 200 NORTH LASALLE STREET, SUITE 2550 ty/State/Zip: CHICAGO. IL 60601                                             |                                                                            |                                        |
| ty. for: GAGNON  Idress: 200 NORTH LASALLE STREET, SUITE 2550  ty/State/Zip: CHICAGO. IL 60601                                           | Attorney Clerk of Court  Date: DECEMBER 06                                 | , 2013                                 |

for witness and mileage fees.

for witness and mileage fees.

(Signature of Server)

I served this subpoena by handing a copy to

I paid the witness \$ \_\_\_\_

I paid the witness \$ \_\_

(Print Name) Dulberg 005429

F13657-A

SUBJECT: DULBERG, PAUL

AKA: NOT PROVIDED

DOB: 03/19/1970

SSN: 323-76-4001

ALL DOCUMENTS AND RECORDS, INCLUDING, BUT NOT LIMITED TO, CD ROM, TAPE DRIVE, FLOPPY DRIVE, HARD DRIVE, SCANNED DOCUMENTS, EMAIL CORRESPONDENCE AND ALL OTHER DOCUMENTS STORED ELECTRONICALLY OR DIGITALLY, INCLUDING ALL OFFICE, EMERGENCY ROOM, INPATIENT AND OUTPATIENT CHARTS AND RECORDS, SOAP NOTES, PHYSICAL THERAPY RECORDS, INCLUDING SIGN-IN SHEETS, COPIES OF ALL PRINTED MATERIAL DESCRIBING EXERCISES PRESCRIBED AND DOCUMENTATION WHICH INDICATES DATES AND TIMES OF PATIENT'S APPOINTMENTS, PHOTOGRAPHS, INSURANCE DOCUMENTS, ALL BILLING RECORDS, INCLUDING, BUT NOT LIMITED TO, ANY INSURANCE BILLING OR PAYMENT INFORMATION, PROCEDURE CODES/CPT CODES, ITEMIZED STATEMENTS OF CHARGES, PAYMENT AND WRITE-OFF RECORDS AND PAYMENT TRANSACTIONS, FROM ALL SOURCES, AND ALL PAYMENT HISTORY, TO INCLUDE ANY COMPUTER GENERATED BILLING AND PAYMENT SOFTWARE THAT CONTAINS SAID INFORMATION, PERTAINING TO THE CARE, TREATMENT AND EXAMINATION OF THE PATIENT, REGARDLESS OF TREATMENT DATE.

| ATTO ENEY OR PARTY WITHOUT ATTORNEY:                    | TELEPHONE      |                    | F1365 |
|---------------------------------------------------------|----------------|--------------------|-------|
| PERRY A. ACCARDO                                        | TELEPHONE NO   | FOR COURT USE ONLY |       |
| LAW OFFICES OF STEVEN LIHOSIT                           | (312) 558-9800 |                    |       |
|                                                         | ľ              |                    | f     |
| 20© NORTH LASALLE STREET, SUITE 2550, CHICAGO,          | IL 60601       |                    | }     |
| ATTOPUNEY FOR: GAGNON                                   | •              |                    |       |
| NAME OF COURT: CIRCUIT COURT FOR THE STATE OF ILLINO    | rs             |                    |       |
| POST OFFICE & FOR THE COUNTY OF MCHENRY                 |                |                    |       |
| STREET ADDRESS 2200 NODTH CEMINA DV AVERALIE AND OD COO | OVE TV COORD   |                    | -     |
| STREET ADDRESS 2200 NORTH SEMINARY AVENUE, WOODSTOO     | JK, IL 60098   |                    | 1     |
| PLAINTIFF PETITIONER: DULBERG                           |                |                    |       |
| DEFENT DANT-RESPONDENT: GAGNON, ET AL.                  |                |                    | İ     |
| CASE NUMBER: 12 LA 000178                               |                |                    |       |
| NOTICE OF                                               | DEPOSITION     |                    |       |

# NO TICE TO ALL PARTIES AND THEIR ATTORNEY(S):

1. The production of documents by the Custodian of Records of the following business will be required as follows:

DATE

TIME

AL\_EXIAN BROTHERS NEUROSCIENCES INSTITUTE

80O BIESTERFIELD ROAD, EBERLE BLDG., SUITE 610, ELK GROVE VILLAGE, IL 60007 12/24/2013

10:00 AM

Date: December 06, 2013

PERRY A. ACCARDO

(Type or Print Name)

|S| PERRY A. ACCARDO

(Signature)
ATTORNEY AT LAW
(Title)

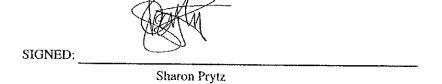
I am employed in LOS ANGELES County, California. I am over the age of 18 and not a painty to the within action; my business address is: 1016 WEST JACKSON BOULEVARD, SUITE 213, CHICAGO, IL 60607

Orn 12/10/13, I gave notice to: SEE SERVICE LIST BELOW

Or the above date, I served true copies of the following documents; Su bpoena

To each party appearing in this action, at the address below, by placing true copies thereof enclosed in a sealed envelope with postage fully pre-paid, in the United States mail at 325 MAPLE AVENUE, TORRANCE, CA 90503

I declare under penalty of perjury under the laws of the State of Illinois that the foregoing is true and correct, and that this declaration was executed on 12/10/13.



THOMAS J. POPOVICH, P.C. HANS A. MAST
34 1 6 WEST ELM STREET
MCHENRY, IL 60050

CICERO, FRANCE, BARCH & ALEXANDER, P.C. CICERO, FRANCE, BARCH & AL 6323 EAST RIVERSIDE BOULEVARD ROCKFORD, IL 61114

#### **COMPEX LEGAL SERVICES**

325 Maple Avenue, Torrance, California 90503 (888) 685-4411

### RECORD REQUEST FORM

Compex Order: E39572

THOMAS J. POPOVICH, P.C. 34 16 W. ELM ST MCHENRY, IL 60050

October 29, 2012

RE:

DULBERG V. GAGNON, ET AL.

Case No.:

12LA000178

Record Subject: DULBERG, PAUL

Records requested by: LAW OFFICE OF M. GERARD GREGOIRE

#### DEAR HANS A. MAST:

Compex Legal Services has been requested by the firm named above to obtain records from the locations listed below.

If you require copies of any of these records, please indicate by checking the box next to the appropriate location(s) and sign and return the form(s) to Compex Legal Services. If no boxes are checked, we will assume you are requesting records from all locations.

#### Please note:

By placing a check mark in the box next to a location, you have indicated your desire to receive a copy of the records received by Compex Legal Services from that location. Should you desire a copy of any original item(s) listed below the location, please indicate by checking the box before the item description. If you check "Films" and/or "Other" which may include copies of original items such as photos, blueprints, video or audio tapes, you must place your order within (2) business days of receipt of this notice to assure proper del ivery.

| If a location provides a Certificate of No                                                      | Records, you will receive a copy UNLESS this box is checked                                                                   |
|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| Records Films Other (If requested)                                                              |                                                                                                                               |
| A.ASSOCI                                                                                        | IATES NEUROLOGY                                                                                                               |
|                                                                                                 |                                                                                                                               |
|                                                                                                 |                                                                                                                               |
| If your firm has an account with Compex Leg directly, please provide the following informations | gal Services, normal billing will apply. <u>If you represent an insurance carrier and prefer that we bill the</u> r<br>ation: |
| Carrier                                                                                         | Adjuster                                                                                                                      |
| Address                                                                                         | Phone                                                                                                                         |
| City, St                                                                                        | Zip                                                                                                                           |
| Claim                                                                                           |                                                                                                                               |
| Your signature below confirms that you                                                          | are ordering these records and agree to the terms and conditions(attached)                                                    |
| Authorized signature (Rec                                                                       | quired) Date                                                                                                                  |
| Print Name                                                                                      |                                                                                                                               |
| E-mail                                                                                          | Phone Fax                                                                                                                     |
|                                                                                                 |                                                                                                                               |

| IN THE CIRCUIT COURT OF THE TWENTYSECOND JU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |
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| DU <b>L</b> BERG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |
| v. Plaintiff/Petiti                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | No. 12LA000178                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        |
| GAGNON, ET AL.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |
| Defendant/Respon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | dent J                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                        |
| SUBPOENA IN A<br>(For Testimony at                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |
| o: ASSOCIATES NEUROLOGY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |
| 190 O HOLLISTER DRIVE, SUITE 250                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |
| LIB ERTYVILLE, IL 60048                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |
| ■ . YOU ARE COMMANDED to appear to give your testimony before                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | the Honorable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                        |
| i #1 Room                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Illinois on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <del></del>                                                            |
| atm.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | )*************************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ·                                                                      |
| 7. YOU ARE COMMANDED to appear and give your deposition testing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | and of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Market of the Marke |                                                                        |
| 2. YOU ARE COMMANDED to appear and give your deposition testimon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | y before a Notary Public at:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                        |
| in Room                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | , Illinois on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                        |
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| 3. YOU ARE COMMANDED to mail the following documents in your pos<br>at 1016 WEST JACKSON BOULEVARD, SUITE 213, CHICAGO, IL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ssession or control to COMPEX LEGAL SERVICES,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | INC.                                                                   |
| at 10:00 a m.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | on or before NOVEMBER 15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | , 2012                                                                 |
| CTHIS IS FOR RECORDS ONLY. THERE WILL BE NO ORAL INTERR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | OCATODIES V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                        |
| YOR PALLURE TO RESPOND TO THIS SUBPOENA WILL SIRTECT VOID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | TO DESIGNMENT FOR COMPRANT OF THE CO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                        |
| OUR FAILURE TO RESPOND TO THIS SUBPOENA WILL SUBJECT YOU office to Deponent:  1. The deponent is a public or private corporation, partnership, associated are as follows:  1. The deponent is a public or DETAIN FACTUAL INFORMATION RELATION RELATION RELATION.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ation, or governmental agency. The matter(s) on which                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | cb examination is                                                      |
| orice to Deponent:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ation, or governmental agency. The matter(s) on which                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | cb examination is                                                      |
| 1. The deponent is a public or private corporation, partnership, associrequested are as follows: TO OBTAIN FACTUAL INFORMATION RELADAMAGES ALLEGED BY THE PARTIES IN THIS LAWSUIT AND N  Description continued on attached page(s).  (A nonparty organization has a duty to designate one or more office and may set forth, for each page set.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ation, or governmental agency. The matter(s) on which ATING TO THE NATURE AND EXTENT OF INJURIES AND OTHER MEANS OF PRODUCTION ARE AVAILABLE  To directors, or managing agents, or other persons to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | cb examination is ND/OR E. testify on its behalf,                      |
| 1. The deponent is a public or private corporation, partnership, associrequested are as follows: TO OBTAIN FACTUAL INFORMATION RELADAMAGES ALLEGED BY THE PARTIES IN THIS LAWSUIT AND N  Description continued on attached page(s).  (A nonparty organization has a duty to designate one or more office and may set forth, for each person designated, the matters on which  2. The deponent's testimony will be recorded by use of an audio-visual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ation, or governmental agency. The matter(s) on which ATING TO THE NATURE AND EXTENT OF INJURIES A GOOTHER MEANS OF PRODUCTION ARE AVAILABLE TO SHEET OF MEANS OF MEANS OF PRODUCTION ARE AVAILABLE TO SHEET OF MEANS OF MEANS OF PRODUCTION ARE AVAILABLE TO SHEET OF MEANS OF PRODUCTION ARE AVAILABLE TO SHEET OF MEANS OF PRODUCTION ARE AVAILABLE TO SHEET OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF MEANS OF | cb examination is ND/OR E. testify on its behalf,                      |
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E39572-A

SUBJECT: DULBERG, PAUL

AKA: NOT PROVIDED

DOB: 03/19/1970

SSN: 323-76-4001

ALL DOCUMENTS AND RECORDS, INCLUDING, BUT NOT LIMITED TO, CD ROM, TAPE DRIVE, FLOPPY DRIVE, HARD DRIVE, SCANNED DOCUMENTS, EMAIL CORRESPONDENCE AND ALL OTHER DOCUMENTS STORED ELECTRONICALLY OR DIGITALLY, INCLUDING ALL OFFICE, EMERGENCY ROOM, INPATIENT AND OUTPATIENT CHARTS AND RECORDS, PHYSICAL THERAPY RECORDS, INCLUDING SIGN-IN SHEETS, COPIES OF ALL PRINTED MATERIAL DESCRIBING EXERCISES PRESCRIBED AND DOCUMENTATION WHICH INDICATES DATES AND TIMES OF PATIENT'S APPOINTMENTS, PHOTOGRAPHS, INSURANCE DOCUMENTS, ALL BILLING RECORDS, INCLUDING, BUT NOT LIMITED TO, ANY INSURANCE BILLING OR PAYMENT INFORMATION, ITEMIZED STATEMENTS OF CHARGES, PAYMENT AND WRITE-OFF RECORDS AND PAYMENT TRANSACTIONS, FROM ALL SOURCES, AND ALL PAYMENT HISTORY, PERTAINING TO THE CARE, TREATMENT AND EXAMINATION OF THE PATIENT, REGARDLESS OF TREATMENT DATE.

| A 777                        |                                |                |                    | E3957 |
|------------------------------|--------------------------------|----------------|--------------------|-------|
| ATTO RNEY OR PARTY WITHOUT A | TTORNEY:                       | TELEPHONE NO   | FOR COURT USE ONLY |       |
| PEERRY A. ACCAI              | RDO                            | (312) 558-9800 |                    |       |
| LAW OFFICE OF                | M. GERARD GREGOIRE             | (02=,000,000   |                    |       |
|                              | LLE STREET, SUITE 2650, CHICAG | O. II. 60601   |                    |       |
| ATTO RNEY FOR: GAGNOI        |                                | 3,12,0001      |                    |       |
| NAMES OF COURT: CIRCUIT      | COURT FOR THE STATE OF ILLI    | VOIS           |                    |       |
|                              | E COUNTY OF MCHENRY            | 1015           |                    |       |
|                              | RTH SEMINARY AVENUE, WOODST    | OCK, IL 60098  |                    |       |
|                              | BERG                           | ,              |                    |       |
|                              |                                |                |                    | 1     |
| DEFET DANT/RESPONDENT: GAO   | GNON, ET AL.                   |                |                    |       |
|                              | A000178                        |                |                    |       |

NOTICE OF DEPOSITION

### NO TICE TO ALL PARTIES AND THEIR ATTORNEY(S):

1. The production of documents by the Custodian of Records of the following business will be required as follows:

DATE

TIME

ASSOCIATES NEUROLOGY

19-00 HOLLISTER DRIVE, SUITE 250, LIBERTYVILLE, IL 60048

11/15/2012

10:00 AM

Date: October 29, 2012

PERRY A. ACCARDO

(Type or Print Name)

|S| PERRY A. ACCARDO

(Signature)
ATTORNEY AT LAW
(Title)

(Print Name) Dulberg 005437

I served this subpoena by handing a copy to

I paid the witness \$ \_\_\_\_\_ for witness and mileage fees.

(Signature of Server)

E39572-B

SUBJECT: DULBERG, PAUL

A KA: NOT PROVIDED

DOB: 03/19/1970

SSN: 323-76-4001

ALL DOCUMENTS AND RECORDS, INCLUDING, BUT NOT LIMITED TO, CD ROM, TAPE DRIVE, FLOPPY DRIVE, HARD DRIVE, SCANNED DOCUMENTS, EMAIL CORRESPONDENCE AND ALL OTHER DOCUMENTS STORED ELECTRONICALLY OR DIGITALLY, INCLUDING ALL OFFICE, EMERGENCY ROOM, INPATIENT AND OUTPATIENT CHARTS AND RECORDS, PHYSICAL THERAPY RECORDS, INCLUDING SIGN-IN SHEETS, COPIES OF ALL PRINTED MATERIAL DESCRIBING EXERCISES PRESCRIBED AND DOCUMENTATION WHICH INDICATES DATES AND TIMES OF PATIENT'S APPOINTMENTS, PHOTOGRAPHS, INSURANCE DOCUMENTS, ALL BILLING RECORDS, INCLUDING, BUT NOT LIMITED TO, ANY INSURANCE BILLING OR PAYMENT INFORMATION, ITEMIZED STATEMENTS OF CHARGES, PAYMENT AND WRITE-OFF RECORDS AND PAYMENT TRANSACTIONS, FROM ALL SOURCES, AND ALL PAYMENT HISTORY, PERTAINING TO THE CARE, TREATMENT AND EXAMINATION OF THE PATIENT, REGARDLESS OF TREATMENT DATE.

| LAW OFFICE OF M. GERARD GREGOIRE<br>200 NORTH LASALLE STREET, SUITE 2650, CHICAGO, IL 60601 | 58-9800 FOR COURT USE ONLY |
|---------------------------------------------------------------------------------------------|----------------------------|
| LAW OFFICE OF M. GERARD GREGOIRE 200 NORTH LASALLE STREET, SUITE 2650, CHICAGO, IL 60601    | 58-9800                    |
| 200 NORTH LASALLE STREET, SUITE 2650, CHICAGO, IL 60601                                     | 50000                      |
| 20 0 NORTH LASALLE STREET, SUITE 2650, CHICAGO, IL 60601                                    |                            |
| 7                                                                                           |                            |
| ATTORNEY FOR: GAGNON                                                                        |                            |
| NAMES OF COURT: CIRCUIT COURT FOR THE STATE OF ILLINOIS                                     |                            |
| POST OFFICE & FOR THE COUNTY OF MCHENRY                                                     |                            |
| STREE SET ADDRESS 2200 NORTH SEMINARY AVENUE, WOODSTOCK, IL 60098                           |                            |
|                                                                                             |                            |
| PLAIN-TIFF/PETITIONER: DULBERG                                                              |                            |
| DEFE TO DANT/RESPONDENT: GAGNON, ET AL.                                                     |                            |
| CASIE NUMBER: 12LA000178                                                                    |                            |
| NOTICE OF DEPOSITION                                                                        | N                          |

### NO TICE TO ALL PARTIES AND THEIR ATTORNEY(S):

1. The production of documents by the Custodian of Records of the following business will be required as follows:

DATE

TIME

M CHENRY RADIOLOGISTS
P.O. BOX 220, MCHENRY, IL 60051

11/15/2012

10:15 AM

Date: October 29, 2012

PERRY A. ACCARDO

(Type or Print Name)

S PERRY A. ACCARDO

(Signature)
ATTORNEY AT LAW
(Title)

YOUR FAILURE TO RESPOND TO THIS SUBPOENA WILL SUBJECT YOU TO PUNISHMENT FOR CONTEMPT OF THIS COURT. Notice to Deponent: Name: PERRY A. ACCARDO Atty. For: GAGNON Address: 200 NORTH LASALLE STREET, SUITE 2650 City/S tate/Zip: CHICAGO, IL 60601 Telephone: 312-558-9800 I paid the witness \$ \_\_\_\_\_\_ for witness and mileage fees. I served this subpocna by handing a copy to \_\_\_\_\_ for witness and mileage fees. I paid the witness \$ (Signature of Server) (Print Name) Dulberg 005440

E39572-C

SUBJECT: DULBERG, PAUL

A. KA: NOT PROVIDED

D OB: 03/19/1970

SSN: 323-76-4001

ALL DOCUMENTS AND RECORDS, INCLUDING, BUT NOT LIMITED TO, CD ROM, TAPE DRIVE, FLOPPY DRIVE, HARD DRIVE, SCANNED DOCUMENTS, EMAIL CORRESPONDENCE AND ALL OTHER DOCUMENTS STORED ELECTRONICALLY OR DIGITALLY, INCLUDING ALL OFFICE, EMERGENCY ROOM, INPATIENT AND OUTPATIENT CHARTS AND RECORDS, PHYSICAL THERAPY RECORDS, INCLUDING SIGN-IN SHEETS, COPIES OF ALL PRINTED MATERIAL DESCRIBING EXERCISES PRESCRIBED AND DOCUMENTATION WHICH INDICATES DATES AND TIMES OF PATIENT'S APPOINTMENTS, PHOTOGRAPHS, INSURANCE DOCUMENTS, ALL BILLING RECORDS, INCLUDING, BUT NOT LIMITED TO, ANY INSURANCE BILLING OR PAYMENT INFORMATION, ITEMIZED STATEMENTS OF CHARGES, PAYMENT AND WRITE-OFF RECORDS AND PAYMENT TRANSACTIONS, FROM ALL SOURCES, AND ALL PAYMENT HISTORY, PERTAINING TO THE CARE, TREATMENT AND EXAMINATION OF THE PATIENT, REGARDLESS OF TREATMENT DATE.

| ATT ORNEY OR PARTY W   | ITHOUT ATTORNEY:                  | med miles in     |                    | E395' |
|------------------------|-----------------------------------|------------------|--------------------|-------|
| PIERRY A. A            |                                   | TELEPHONE NO     | FOR COURT USE ONLY |       |
|                        | E OF M. GERARD GREGOIRE           | (312) 558-9800   |                    |       |
| 200 NORTH              | I ACALLE CTREET CHIME ACEA CITE   |                  |                    |       |
| CA                     | LASALLE STREET, SUITE 2650, CHICA | AGO, IL 60601    |                    |       |
| ATTORNEY FOR: GA       |                                   |                  |                    | •     |
| NAME TO OF COURT: CIR  | RCUIT COURT FOR THE STATE OF ILL  | INOIS            |                    | ļ     |
| POST OFFICE & FO       | R THE COUNTY OF MCHENRY           |                  |                    | ļ     |
| STREET ADDRESS 220     | 0 NORTH SEMINARY AVENUE, WOODS    | STOCK IL 60008   |                    |       |
|                        |                                   | 310 CK, 1L 00030 |                    |       |
| PLATINTIFF/PETITIONER: | DULBERG                           |                  |                    |       |
| DEFET NOANT/RESPONDEN  | T:GAGNON, ET AL.                  |                  |                    |       |
| CASTE NUMBOR:          | 12LA000178                        |                  |                    | *     |
|                        | NOTIC                             | E OF DEPOSITION  |                    |       |

# NOTICE TO ALL PARTIES AND THEIR ATTORNEY(S):

1. The production of documents by the Custodian of Records of the following business will be required as follows:

DATE

TIME

ME ORAINE ER PHYSICIANS P. O. BOX 8759, PHILADELPHIA, PA 19101

11/15/2012

10:30 AM

Date: October 29, 2012

PERRY A. ACCARDO

(Type or Print Name)

S PERRY A. ACCARDO

(Signature)
ATTORNEY AT LAW
(Title)

Name: PERRY A. ACCARDO Atty. for: GAGNON Address: 200 NORTH LASALLE STREET, SUITE 2650 City/State/Zip; CHICAGO, IL 60601 Telep thone: 312-558-9800 Date: OCTOBER 29 I served this subpoena by mailing a copy, as required by III. Sup. Ct. Rules 11, 12 and 204(a)(2), to by certified mail, return receipt requested (Receipt #

I paid the witness \$ for witness and mileage fees.

I served this subpoeua by handing a copy to

I paid the witness \$ for witness and mileage fees.

(Signature of Server)

(Print Name)

E39572-D

SUBJECT: DULBERG, PAUL

**AKA: NOT PROVIDED** 

DOB: 03/19/1970

SSN: 323-76-4001

ALL DOCUMENTS AND RECORDS, INCLUDING, BUT NOT LIMITED TO, CD ROM, TAPE DRIVE, FLOPPY DRIVE, HARD DRIVE, SCANNED DOCUMENTS, EMAIL CORRESPONDENCE AND ALL OTHER DOCUMENTS STORED ELECTRONICALLY OR DIGITALLY, INCLUDING ALL OFFICE, EMERGENCY ROOM, INPATIENT AND OUTPATIENT CHARTS AND RECORDS, PHYSICAL THERAPY RECORDS, INCLUDING SIGN-IN SHEETS, COPIES OF ALL PRINTED MATERIAL DESCRIBING EXERCISES PRESCRIBED AND DOCUMENTATION WHICH INDICATES DATES AND TIMES OF PATIENT'S APPOINTMENTS, PHOTOGRAPHS, INSURANCE DOCUMENTS, ALL BILLING RECORDS, INCLUDING, BUT NOT LIMITED TO, ANY INSURANCE BILLING OR PAYMENT INFORMATION, ITEMIZED STATEMENTS OF CHARGES, PAYMENT AND WRITE-OFF RECORDS AND PAYMENT TRANSACTIONS, FROM ALL SOURCES, AND ALL PAYMENT HISTORY, PERTAINING TO THE CARE, TREATMENT AND EXAMINATION OF THE PATIENT, REGARDLESS OF TREATMENT DATE.

| ATTO RNEY OR PARTY W   | ITHOUT ATTORNEY:               | TELEBRIONERO       |                    | CACT |
|------------------------|--------------------------------|--------------------|--------------------|------|
| PERRY A. AC            | CCABBO                         | TELEPHONE NO       | FOR COURT USE ONLY |      |
|                        |                                | (312) 558-9800     |                    |      |
| LAW OFFIC              | E OF M. GERARD GREGOIRE        | ( /                |                    |      |
| 20 O NORTH             | LASALLE STREET, SUITE 2650, CH | HCACO II 60601     |                    |      |
| ATTO RNEY FOR: GA      | GNON                           | 11CAGO, 1L 00001   |                    |      |
| NAME OF COURT: CIR     | CUIT COURT FOR THE STATE OF    | TITINOIS           |                    |      |
| POST OFFICE & FOI      | R THE COUNTY OF MCHENRY        | IDDI((OIS          |                    |      |
|                        |                                |                    |                    |      |
| STREET ADDRESS ZZO     | 0 NORTH SEMINARY AVENUE, WO    | OODSTOCK, IL 60098 |                    |      |
| PLAINTTIFF/PETITIONER; | DULBERG                        |                    |                    |      |
| DEFENDANT/RESPONDEN    | GEGAGNON, ET AL.               |                    |                    |      |
|                        | "GAGNON, ET AL.                |                    |                    |      |
| CASE NUMBER:           | 12LA000178                     |                    |                    |      |
|                        | NO                             | TICE OF DEPOSITION |                    | ·    |
|                        | INO                            | TICE OF DEPOSITION |                    |      |

### NO TICE TO ALL PARTIES AND THEIR ATTORNEY(S):

1. The production of documents by the Custodian of Records of the following business will be required as follows:

DATE

TIME

CIENTEGRA NORTHERN ILLINOIS MEDICAL CENTER 42 O1 MEDICAL CENTER DRIVE, MCHENRY, IL 60050

11/15/2012

08:30 AM

Date: October 29, 2012

PERRY A. ACCARDO

(Type or Print Name)

S PERRY A. ACCARDO

(Signature)
ATTORNEY AT LAW
(Title)

Dulberg 005446

E39572-E

SUBJECT: DULBERG, PAUL

AKA: NOT PROVIDED

DOB: 03/19/1970

SSN: 323-76-4001

ALL DOCUMENTS AND RECORDS, INCLUDING, BUT NOT LIMITED TO, CD ROM, TAPE DRIVE, FLOPPY DRIVE, HARD DRIVE, SCANNED DOCUMENTS, EMAIL CORRESPONDENCE AND ALL OTHER DOCUMENTS STORED ELECTRONICALLY OR DIGITALLY, INCLUDING ALL OFFICE, EMERGENCY ROOM, INPATIENT AND OUTPATIENT CHARTS AND RECORDS, PHYSICAL THERAPY RECORDS, INCLUDING SIGN-IN SHEETS, COPIES OF ALL PRINTED MATERIAL DESCRIBING EXERCISES PRESCRIBED AND DOCUMENTATION WHICH INDICATES DATES AND TIMES OF PATIENT'S APPOINTMENTS, PHOTOGRAPHS, INSURANCE DOCUMENTS, ALL BILLING RECORDS, INCLUDING, BUT NOT LIMITED TO, ANY INSURANCE BILLING OR PAYMENT INFORMATION, ITEMIZED STATEMENTS OF CHARGES, PAYMENT AND WRITE-OFF RECORDS AND PAYMENT TRANSACTIONS, FROM ALL SOURCES, AND ALL PAYMENT HISTORY, PERTAINING TO THE CARE, TREATMENT AND EXAMINATION OF THE PATIENT, REGARDLESS OF TREATMENT DATE.

| ATTO RNEY OR PARTY WITHOUT ATTORNEY:             |                   |                    | E395 |
|--------------------------------------------------|-------------------|--------------------|------|
| PERRY A. ACCARDO                                 | (312) 558-9800    | FOR COURT USE ONLY |      |
| LAW OFFICE OF M. GERARD GREGOIRE                 | ζ- = -,           |                    |      |
| 20 O NORTH LASALLE STREET, SUITE 2650, CHI       | CAGO, IL 60601    |                    |      |
| ATTORNEY FOR: GAGNON                             | 0.0001            |                    |      |
| NAMES OF COURT: CIRCUIT COURT FOR THE STATE OF I | LLINOIS           |                    |      |
| POST OFFICE & FOR THE COUNTY OF MCHENRY          |                   |                    |      |
| STREET ADDRESS 2200 NORTH SEMINARY AVENUE, WOO   | ODSTOCK, IL 60098 |                    |      |
| PLAIN-THE/PETITIONER: DULBERG                    |                   |                    |      |
| DEFENDANT/RESPONDENT: GAGNON, ET AL.             |                   |                    |      |
| CASE NUMBER: 12LA000178                          |                   |                    |      |
| NOT                                              | ICE OF DEPOSITION |                    |      |

# NO TICE TO ALL PARTIES AND THEIR ATTORNEY(S):

1. The production of documents by the Custodian of Records of the following business will be required as follows:

DATE

TIME

OPEN ADVANCED MRI

 $72\,\mathrm{O}\,\textsc{East}$  rollins road, round lake beach, il 60073

11/15/2012

08:45 AM

Date: October 29, 2012

PERRY A. ACCARDO

(Type or Print Name)

S PERRY A. ACCARDO

(Signature)
ATTORNEY AT LAW
(Title)

| Subpoena in a Civil Matter (For Testimony and Try Documents)                                                | (This form replaces COG N006 & CCG N014) (Rev. 6/25/09) CCG (                     |
|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
|                                                                                                             | JUDICIAL CIRCUIT, MCHENRY COUNTY, ILLINOIS                                        |
| DULBERG                                                                                                     |                                                                                   |
| ν. Plaintiff/Pe                                                                                             | No. 12LA000178                                                                    |
| GA GNON, ET AL.                                                                                             |                                                                                   |
| Defendant/Res                                                                                               | pondent                                                                           |
|                                                                                                             | NA CIVIL MATTER y and/or Documents)                                               |
| O: MIDAMERICA HAND TO SHOULDER                                                                              |                                                                                   |
| 1419 PETERSON ROAD                                                                                          |                                                                                   |
| LIBERTYVILLE, IL 60048                                                                                      |                                                                                   |
| 1. YOU ARE COMMANDED to appear to give your testimony before                                                | ore the Honorable                                                                 |
| in Room,                                                                                                    | ,Illinois on,                                                                     |
| atm.                                                                                                        |                                                                                   |
|                                                                                                             | promu hafora a Natanu Publicati                                                   |
| In Room                                                                                                     | mony before a Notary Public at:                                                   |
| atm.                                                                                                        | , titing is on,                                                                   |
| 3. YOU ARE COMMANDED to mail the following documents in your                                                | COMPEX LEGAL SERVICES INC                                                         |
| at 1016 WEST JACKSON BOULEVARD, SUITE 213, CHICAGO,                                                         |                                                                                   |
| zat <u>09:00</u> a m.                                                                                       | on or pelore MOYEMADER 15 , 2012                                                  |
| (THIS IS FOR RECORDS ONLY. THERE WILL BE NO ORAL INTE                                                       | CRROGATORIES.):                                                                   |
|                                                                                                             |                                                                                   |
|                                                                                                             |                                                                                   |
| Description continued on attached page(s).                                                                  |                                                                                   |
| OUTR FAILURE TO RESPOND TO THIS SUBPOENA WILL SUBJECT Y                                                     | OU TO PUNISHMENT FOR CONTEMPT OF THIS COURT                                       |
| otice to Deponent;                                                                                          |                                                                                   |
| 1. The deponent is a public or private corporation, partnership, as                                         | sociation, or governmental agency. The matter(s) on which examination is          |
| requested are as follows: TO OBTAIN FACTUAL INFORMATION R DAMAGES ALLEGED BY THE PARTIES IN THIS LAWSUIT AN |                                                                                   |
| O STANCES ADDREED BY THE PARTIES BY THIS LAWSUIT AP                                                         | NO OTHER MEANS OF PRODUCTION ARE AVAILABLE.                                       |
| Description continued on attached page(s).                                                                  |                                                                                   |
| (A nonparty organization has a duty to designate one or more of                                             | fficers, directors, or managing agents, or other persons to testify on its behalf |
|                                                                                                             |                                                                                   |
| 2. The deponent's testimony will be recorded by use of an audio-vi-                                         | sual recording device, operated by                                                |
| or the discovery deposition of any party of witnesses shall exceed the                                      | Bree Hours regardless of the number of narties involved in the case except        |
| tty - No Pro Se 99:                                                                                         | cause warrants a lengthier examination. Ill. Sup. Ct. Rule 206(d).                |
| anne: PERRY A. ACCARDO                                                                                      | ISI PERRY A ACCAPDO                                                               |
| ty. for; GAGNON                                                                                             | Signature                                                                         |
| Idress: 200 NORTH LASALLE STREET, SUITE 2650                                                                | Attorney                                                                          |
| ty/State/Zip: CHICAGO, IL 60601                                                                             | Clerk of Court                                                                    |
| lep hone: 312-558-9800                                                                                      | Date: OCTOBER 29 , 2012                                                           |
|                                                                                                             | Rules 11, 12 and 204(a)(2), to                                                    |
| by certified mail, return receipt requested (Receipt #                                                      | ) 011                                                                             |
| F paid the witness \$                                                                                       | mileage fees.                                                                     |
|                                                                                                             | on                                                                                |
| I paid the witness \$ for witness and                                                                       | d mileage fees.                                                                   |
|                                                                                                             |                                                                                   |
| (Signature of Server)                                                                                       | (Print Name)                                                                      |
|                                                                                                             | Dulberg 005449                                                                    |

E39572-F

SUBJECT: DULBERG, PAUL

AKA: NOT PROVIDED

DOB: 03/19/1970

SSN: 323-76-4001

ALL DOCUMENTS AND RECORDS, INCLUDING, BUT NOT LIMITED TO, CD ROM, TAPE DRIVE, FLOPPY DRIVE, HARD DRIVE, SCANNED DOCUMENTS, EMAIL CORRESPONDENCE AND ALL OTHER DOCUMENTS STORED ELECTRONICALLY OR DIGITALLY, INCLUDING ALL OFFICE, EMERGENCY ROOM, INPATIENT AND OUTPATIENT CHARTS AND RECORDS, PHYSICAL THERAPY RECORDS, INCLUDING SIGN-IN SHEETS, COPIES OF ALL PRINTED MATERIAL DESCRIBING EXERCISES PRESCRIBED AND DOCUMENTATION WHICH INDICATES DATES AND TIMES OF PATIENT'S APPOINTMENTS, PHOTOGRAPHS, INSURANCE DOCUMENTS, ALL BILLING RECORDS, INCLUDING, BUT NOT LIMITED TO, ANY INSURANCE BILLING OR PAYMENT INFORMATION, ITEMIZED STATEMENTS OF CHARGES, PAYMENT AND WRITE-OFF RECORDS AND PAYMENT TRANSACTIONS, FROM ALL SOURCES, AND ALL PAYMENT HISTORY, PERTAINING TO THE CARE, TREATMENT AND EXAMINATION OF THE PATIENT, REGARDLESS OF TREATMENT DATE.

IN CLUDE ANY AND ALL RECORDS FOR TREATMENT RENDERED BY DR. MARCUS TALERICO

| ATTORNEY OR PARTY WITHOUT ATTORNEY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                   |                    | E395 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------|------|
| PIERRY A. ACCARDO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (312) 558-9800    | FOR COURT USE ONLY |      |
| LAW OFFICE OF M. GERARD GREGOIRE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |                    |      |
| 200 NORTH LASALLE STREET, SUITE 2650, CHI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | CAGO, IL 60601    |                    |      |
| ATTORNEY FOR: GAGNON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | , = 00001         |                    |      |
| NAM TE OF COURT: CIRCUIT COURT FOR THE STATE OF I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | LLINOIS           |                    |      |
| POST OFFICE FOR THE COUNTY OF MCHENRY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                   |                    |      |
| STRIE ET ADDRESS 2200 NORTH SEMINARY AVENUE, WOO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DDSTOCK, IL 60098 |                    |      |
| PLATA-THEF/PETITIONER: DULBERG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                    |      |
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| CASTE NUMBER: 12LA000178                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |                    |      |
| NOT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ICE OF DEPOSITION | *                  |      |

# NOTICE TO ALL PARTIES AND THEIR ATTORNEY(S):

1. The production of documents by the Custodian of Records of the following business will be required as follows:

DATE

TIME

M IDAMERICA HAND TO SHOULDER 14-19 PETERSON ROAD, LIBERTYVILLE, IL 60048

11/15/2012

09:00 AM

Date: October 29, 2012

PERRY A. ACCARDO

(Type or Print Name)

S PERRY A. ACCARDO

(Signature)
ATTORNEY AT LAW
(Title)

| IN THE CIRCUIT COURT OF THE TWENTYSI                         | ECOND JUDICIAL CIRCUIT, MCHENRY COUNTY, ILLINOIS                                        |
|--------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| DU <b>L</b> BERG                                             | 1                                                                                       |
| Ple                                                          | aintiff/Petitioner                                                                      |
| v.<br>GA.€NON, ET AL.                                        | No. 12LA000178                                                                          |
|                                                              | dant/Respondent                                                                         |
|                                                              | DENA IN A CIVIL MATTER                                                                  |
|                                                              | Testimony and/or Documents)                                                             |
| 0: FOX LAKE DYNAMIC HAND THERAPY                             |                                                                                         |
| 489 S. ROUTE 12, SUITE C                                     | -                                                                                       |
| FOX LAKE, IL 60020                                           | -                                                                                       |
| 1. YOU ARE COMMANDED to appear to give your testing          | ony before the Honorable                                                                |
| ≣n Room,                                                     |                                                                                         |
| ætm,                                                         |                                                                                         |
| 2. YOU ARE COMMANDED to appear and give your deposit         | tion testimony before a Notary Public at:                                               |
| ≣n Room,                                                     | , Illinois on,                                                                          |
| atm.                                                         |                                                                                         |
| 3. YOU ARE COMMANDED to mail the following document          | ts in your possession or control to COMPEX LEGAL SERVICES, INC.                         |
| at 1016 WEST JACKSON BOULEVARD, SUITE 213, CH                | IICAGO, IL 60607 , on or before NOVEMBER 15 , 2012                                      |
| at <u>09:15</u> <b>a</b> m.                                  |                                                                                         |
| ←THIS IS FOR RECORDS ONLY. THERE WILL BE NO ORA              | AL INTERROGATORIES.):                                                                   |
|                                                              |                                                                                         |
|                                                              |                                                                                         |
| Description continued on attached page(s).                   |                                                                                         |
|                                                              | BJECT YOU TO PUNISHMENT FOR CONTEMPT OF THIS COURT.                                     |
| Otic € to Deponent;                                          | TOO TO TO HOME MAN FOR CONTEMPT OF THIS COURT.                                          |
| 1. The deponent is a public or private corporation, partner  | ership, association, or governmental agency. The matter(s) on which examination is      |
| requested are as follows: TO OBTAIN FACTUAL INFORM.          | ATION RELATING TO THE NATURE AND EXTENT OF INJURIES AND/OR                              |
| DAMAGES ALLEGED BY THE PARTIES IN THIS LAW                   | VSUIT AND NO OTHER MEANS OF PRODUCTION ARE AVAILABLE.                                   |
| Description continued on attached page(s).                   |                                                                                         |
| (A nonparty organization has a duty to designate one or      | r more officers, directors, or managing agents, or other persons to testify on its beha |
| and may set forth, for each person designated, the matte     | ers on which that person will testify. Ill. Sup. Ct. Rule 206.)                         |
| 2. The deponent's testimony will be recorded by use of an    | (Name of Properties Operator)                                                           |
| 3. No discovery deposition of any party or witnesses shall a | exceed three hours regardless of the number of parties involved in the ages, execut     |
| fra TNT o                                                    | that good cause warrants a lengthier examination. Ill. Sup. Ct. Rule 206(d).            |
| ma. PERRY A ACCARDO                                          | ro Se 99500  Issued by:  S  PERRY A. ACCARDO                                            |
| y. for: GAGNON                                               | Signature                                                                               |
| dress: 200 NORTH LASALLE STREET, SUITE 2650                  | Attorney                                                                                |
| y/State/Zip: CHICAGO, IL 60601                               | Clerk of Court                                                                          |
| lep Inone: 312-558-9800                                      | Date: OCTOBER 29 , 2012                                                                 |
|                                                              | Sup. Ct. Rules 11, 12 and 204(a)(2), to                                                 |
| Ly certified mail, return receipt requested (Receipt #       | ) on .                                                                                  |
| I paid the witness \$ for witness                            | ness and mileage fees.                                                                  |
| I served this subpoena by handing a copy to                  |                                                                                         |
| I paid the witness \$ for wit                                | tness and mileage fees.                                                                 |
|                                                              |                                                                                         |
|                                                              |                                                                                         |
| (Signature of Server)                                        | (Print Name) Dulberg 005452                                                             |

E39572-G

SUBJECT: DULBERG, PAUL

AKA: NOT PROVIDED

DOB: 03/19/1970

SSN: 323-76-4001

ALL DOCUMENTS AND RECORDS, INCLUDING, BUT NOT LIMITED TO, CD ROM, TAPE DRIVE, FLOPPY DRIVE, HA RD DRIVE, SCANNED DOCUMENTS, EMAIL CORRESPONDENCE AND ALL OTHER DOCUMENTS STORED ELECTRONICALLY OR DIGITALLY, INCLUDING ALL OFFICE, EMERGENCY ROOM, INPATIENT AND OUTPATIENT CHARTS AND RECORDS, PHYSICAL THERAPY RECORDS, INCLUDING SIGN-IN SHEETS, COPIES OF ALL PRINTED MATERIAL DESCRIBING EXERCISES PRESCRIBED AND DOCUMENTATION WHICH INDICATES DATES AND TIMES OF PATIENT'S APPOINTMENTS, PHOTOGRAPHS, INSURANCE DOCUMENTS, ALL BILLING RECORDS, INCLUDING, BUT NOT LIMITED TO, ANY INSURANCE BILLING OR PAYMENT INFORMATION, ITEMIZED STATEMENTS OF CHARGES, PAYMENT AND WRITE-OFF RECORDS AND PAYMENT TRANSACTIONS, FROM ALL SOURCES, AND ALL PAYMENT HISTORY, PERTAINING TO THE CARE, TREATMENT AND EXAMINATION OF THE PATIENT, REGARDLESS OF TREATMENT DATE.

| AT TORNEY OR PARTY WITHOUT ATTORNEY:                 |                  |                    | Ľ <i>3</i> У5. |
|------------------------------------------------------|------------------|--------------------|----------------|
|                                                      | TELEPHONE NO     | FOR COURT USE ONLY |                |
| PERRY A. ACCARDO                                     | (312) 558-9800   |                    |                |
| LAW OFFICE OF M. GERARD GREGOIRE                     | (,,              |                    |                |
| 2 <b>Q</b> 0 NORTH LASALLE STREET, SUITE 2650, CHICA | GO. II. 60601    |                    | į              |
| AT T ORNEY FOR: GAGNON                               | 3 3,12 33301     |                    |                |
| NAME OF COURT: CIRCUIT COURT FOR THE STATE OF ILL    | INOIS            |                    |                |
| POST OFFICE & FOR THE COUNTY OF MCHENRY              | I (OIS           |                    | -              |
| STREET ADDRESS 2200 NORTH SEMINARY AVENUE, WOODS     | STOCK II 60008   |                    |                |
| 11.21.02, 11.000.                                    | 710011, 12 000,0 |                    | 1              |
| PLA INTIFF/PETITIONER: DULBERG                       |                  |                    |                |
| DEST MENDANT/RESPONDENT: GAGNON, ET AL.              |                  |                    |                |
| CASTE NUMBER: 12LA000178                             |                  |                    |                |
| NOTICE                                               | OF DEPOSITION    |                    |                |

### NCTICE TO ALL PARTIES AND THEIR ATTORNEY(S):

1. The production of documents by the Custodian of Records of the following business will be required as follows:

DATE

TIME

FOX LAKE DYNAMIC HAND THERAPY 489 S. ROUTE 12, SUITE C, FOX LAKE, IL 60020

11/15/2012

09:15 AM

Date: October 29, 2012

PERRY A. ACCARDO

(Type or Print Name)

S PERRY A. ACCARDO

(Signature)
ATTORNEY AT LAW
(Title)

YOUR FAILURE TO RESPOND TO THIS SUBPOENA WILL SUBJECT YOU TO PUNISHMENT FOR CONTEMPT OF THIS COURT. Notice to Deponent: Atty . No. Name: PERRY A. ACCARDO Atty. For: GAGNON Address: 200 NORTH LASALLE STREET, SUITE 2650 City/State/Zip: CHICAGO, IL 60601 Telephone: 312-558-9800 I paid the witness \$ for witness and mileage fees. I served this subpoena by handing a copy to \_\_\_\_\_ I paid the witness \$ for witness and mileage fees. (Signature of Server) (Print Name) **Dulberg 005455** 

Е39572-Н

SUBJECT: DULBERG, PAUL

AKA: NOT PROVIDED

DOB: 03/19/1970

SSN: 323-76-4001

ALL DOCUMENTS AND RECORDS, INCLUDING, BUT NOT LIMITED TO, CD ROM, TAPE DRIVE, FLOPPY DRIVE, HARD DRIVE, SCANNED DOCUMENTS, EMAIL CORRESPONDENCE AND ALL OTHER DOCUMENTS STORED ELECTRONICALLY OR DIGITALLY, INCLUDING ALL OFFICE, EMERGENCY ROOM, INPATIENT AND OUTPATIENT CHARTS AND RECORDS, PHYSICAL THERAPY RECORDS, INCLUDING SIGN-IN SHEETS, COPIES OF ALL PRINTED MATERIAL DESCRIBING EXERCISES PRESCRIBED AND DOCUMENTATION WHICH INDICATES DATES AND TIMES OF PATIENT'S APPOINTMENTS, PHOTOGRAPHS, INSURANCE DOCUMENTS, ALL BILLING RECORDS, INCLUDING, BUT NOT LIMITED TO, ANY INSURANCE BILLING OR PAYMENT INFORMATION, ITEMIZED STATEMENTS OF CHARGES, PAYMENT AND WRITE-OFF RECORDS AND PAYMENT TRANSACTIONS, FROM ALL SOURCES, AND ALL PAYMENT HISTORY, PERTAINING TO THE CARE, TREATMENT AND EXAMINATION OF THE PATIENT, REGARDLESS OF TREATMENT DATE.

INCLUDE RECORDS FOR SERVICES RENDERED AT 4601 WEST ROUTE 120, MCHENRY, IL 60050

| ATT CORNEY OR PARTY W  |                                   |                 |                    | E SYS A |
|------------------------|-----------------------------------|-----------------|--------------------|---------|
|                        |                                   | TELEPHONE NO    | FOR COURT USE ONLY |         |
| PIERRY A. A            | CCARDO                            | (312) 558-9800  |                    |         |
| LAW OFFIC              | E OF M. GERARD GREGOIRE           | (==, == , == ,  |                    |         |
| 20▶0 NORTH             | LASALLE STREET, SUITE 2650, CHICA | GO, IL 60601    |                    |         |
| ATTORNEY FOR: GA       |                                   |                 |                    |         |
| NAME SE OF COURT: CI   | RCUIT COURT FOR THE STATE OF ILL  | INOIS           |                    |         |
|                        | R THE COUNTY OF MCHENRY           |                 |                    |         |
|                        | O NORTH SEMINARY AVENUE, WOODS    | STOCK II KOOOR  |                    |         |
|                        | THE THE TOOL                      | 710CK, 1L 00036 |                    |         |
| PLATE TIFF/PETITIONER: | = 022211G                         |                 |                    |         |
| DEF (= NDANT/RESPONDE) | ™GAGNON, ET AL.                   |                 |                    |         |
| CASTE NUMBER:          | 12LA000178                        |                 |                    |         |
|                        | NOTICI                            | OF DEPOSITION   |                    |         |

### NCTICE TO ALL PARTIES AND THEIR ATTORNEY(S):

1. The production of documents by the Custodian of Records of the following business will be required as follows:

DATE

TIME

F**F**RANK SEK, MD

 $4\mbox{\Large \ \ }606$  WEST ELM STREET, MCHENRY, IL 60050

11/15/2012

09:30 AM

Date: October 29, 2012

PERRY A. ACCARDO

(Type or Print Name)

|S| PERRY A. ACCARDO

(Signature)
ATTORNEY AT LAW
(Title)

■ served this subpoena by mailing a copy, as required by Ill. Snp. Ct. Rules 11, 12 and 204(a)(2), to >y certified mail, return receipt requested (Receipt #\_\_\_\_ Y paid the witness \$ for witness and mileage fees. I served this subpoena by handing a copy to \_\_\_\_\_ Y paid the witness \$ for witness and mileage fees. (Signature of Server) (Print Name) **Dulberg 005458** 

E39572-I

STUBJECT: DULBERG, PAUL

A KA: NOT PROVIDED

**D€**0B: 03/19/1970

SSN: 323-76-4001

ALL DOCUMENTS AND RECORDS, INCLUDING, BUT NOT LIMITED TO, CD ROM, TAPE DRIVE, FLOPPY DRIVE, HARD DRIVE, SCANNED DOCUMENTS, EMAIL CORRESPONDENCE AND ALL OTHER DOCUMENTS STORED ELECTRONICALLY OR DIGITALLY, INCLUDING ALL OFFICE, EMERGENCY ROOM, INPATIENT AND OUTPATIENT CHARTS AND RECORDS, PHYSICAL THERAPY RECORDS, INCLUDING SIGN-IN SHEETS, COPIES OF ALL PRINTED MATERIAL DESCRIBING EXERCISES PRESCRIBED AND DOCUMENTATION WHICH IN DICATES DATES AND TIMES OF PATIENT'S APPOINTMENTS, PHOTOGRAPHS, INSURANCE DOCUMENTS, ALL BILLING RECORDS, INCLUDING, BUT NOT LIMITED TO, ANY INSURANCE BILLING OR PAYMENT IN FORMATION, ITEMIZED STATEMENTS OF CHARGES, PAYMENT AND WRITE-OFF RECORDS AND PAYMENT TRANSACTIONS, FROM ALL SOURCES, AND ALL PAYMENT HISTORY, PERTAINING TO THE CARE, TREATMENT AND EXAMINATION OF THE PATIENT, REGARDLESS OF TREATMENT DATE.

IN CLUDE ANY AND ALL RECORDS FOR TREATMENT RENDERED BY DR. SAGERMAN AND DR. BIAFORA

| ATTO RNEY OR PARTY W   | THOUT ATTORNEY.                   |                 |                    | £395° |
|------------------------|-----------------------------------|-----------------|--------------------|-------|
| PIERRY A. A            |                                   | (312) 558-9800  | FOR COURT USE ONLY |       |
|                        | E OF M. GERARD GREGOIRE           | ` ′             | •                  |       |
| 200 NORTH              | LASALLE STREET, SUITE 2650, CHICA | AGO, IL 60601   |                    |       |
| ATTORNEY FOR: GA       | GNON                              |                 |                    |       |
| NAMIES OF COURT: CI    | RCUIT COURT FOR THE STATE OF ILI  | LINOIS          |                    |       |
| POST OFFICE& FO        | R THE COUNTY OF MCHENRY           | 1               | ,                  |       |
| STREETET ADDRESS 220   | 0 NORTH SEMINARY AVENUE, WOOD     | STOCK, IL 60098 |                    |       |
| PLATE TIFF/PETITIONER: | 2 CENERO                          |                 |                    |       |
| DEFE TO DANT/RESPONDE  | NT: GAGNON, ET AL.                |                 |                    |       |
| CASE NUMBER:           | 12LA000178                        |                 |                    |       |
|                        | NOTIC                             | T OF DEPOSITION |                    | ···   |

# NO TICE TO ALL PARTIES AND THEIR ATTORNEY(S):

1. The production of documents by the Custodian of Records of the following business will be required as follows:

DATE

TIME

HAND SURGERY ASSOCIATES

51 5 WEST ALGONQUIN ROAD, SUITE 120, ARLINGTON HEIGHTS, IL 60005

11/15/2012

09:45 AM

Date: October 29, 2012

PERRY A. ACCARDO

(Type or Print Name)

|S| PERRY A. ACCARDO

(Signature)
ATTORNEY AT LAW
(Title)

### IN THE CIRCUIT COURT OF THE TWENTYSECOND JUDICIAL CIRCUIT, MCHENRY COUNTY, ILLINOIS

| DUL BERG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                               | 1                                                                                                                                                                 |                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| V.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Plaintiff/Petitioner                                                                          | No. 12LA000178                                                                                                                                                    |                            |
| GAG NON, ET AL.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                               |                                                                                                                                                                   |                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Defendant/Respondent                                                                          | <b>J</b>                                                                                                                                                          |                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SUBPOENA IN A CIVII<br>(For Testimony and/or De                                               |                                                                                                                                                                   |                            |
| ro: A MS SCREW PRODUCTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                               |                                                                                                                                                                   |                            |
| 241 & HIGHVIEW STREET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | L. B. SALAMINIS, C. SP. AMERICA                                                               |                                                                                                                                                                   |                            |
| SPR ING GROVE, IL 60081                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | , Appl,                                                                                       |                                                                                                                                                                   |                            |
| THE WOLL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECIAL SPECI |                                                                                               |                                                                                                                                                                   |                            |
| L <del>1</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ppear to give your testimony before the Ho                                                    |                                                                                                                                                                   |                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                               | Jittitots on                                                                                                                                                      |                            |
| atm.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                               |                                                                                                                                                                   |                            |
| * '                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                               | re a Notary Public at:                                                                                                                                            |                            |
| im Room                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                               | , Illinois on                                                                                                                                                     |                            |
| atm.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                               |                                                                                                                                                                   |                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                               | n or control to COMPEX LEGAL SERVICES                                                                                                                             |                            |
| a 1 1016 WEST JACKSON BOUL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | EVARD, SUITE 213, CHICAGO, IL 60607                                                           | on or before NOVEMBER 15                                                                                                                                          | , 2012                     |
| (THIS IS FOR RECORDS ONLY, 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | THERE WILL BE NO ORAL INTERROGAT                                                              | FORIES.):                                                                                                                                                         |                            |
| Notice to Deponent:  1. The deponent is a public or prequested are as follows: TO O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | rivate corporation, partnership, association,<br>BTAIN FACTUAL INFORMATION RELATING           | PUNISHMENT FOR CONTEMPT OF THIS CO<br>or governmental agency. The matter(s) on wi<br>TO THE NATURE AND EXTENT OF INJURIES<br>THER MEANS OF PRODUCTION ARE AVAILAB | tich examination is AND/OR |
| and may set forth, for each or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | s a duty to designate one or more officers, di<br>erson designated, the matters on which that | rectors, or managing agents, or other persons of person will testify. Ill. Sup. Ct. Rule 206.) rding device, operated by                                          |                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                               | 's regardless of the number of parties involved<br>arrants a lengthier examination. Ill. Sup. Ct. R                                                               |                            |
| Atty . No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Pro Se 99500                                                                                  |                                                                                                                                                                   |                            |
| Names - PERRY A ACCARDO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                               | lssued by:  S  PERRY A. ACCARDO                                                                                                                                   |                            |
| Atty. For: GAGNON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                               | Signatu                                                                                                                                                           | re                         |
| Address: 200 NORTH LASALLE STR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | EET, SUITE 2650                                                                               | Attorney                                                                                                                                                          |                            |
| City/State/Zip: CHICAGO, IL 60601                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                               | Clerk of Court                                                                                                                                                    |                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                               | Date: OCTOBER 29                                                                                                                                                  | , 2012                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                               | , 12 and 204(a)(2), to                                                                                                                                            |                            |
| and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                               |                                                                                                                                                                   |                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | for witness and milcage                                                                       |                                                                                                                                                                   |                            |
| <u></u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                               | en                                                                                                                                                                | <b>,</b>                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | for witness and mileage                                                                       |                                                                                                                                                                   |                            |
| (Signature of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                               | (Print Name)<br>Dulberg 0                                                                                                                                         | 05461                      |

#### **ATTACHMENT 3**

E39572-J

SUBJECT: DULBERG, PAUL

AK.A: NOT PROVIDED

DOB: 03/19/1970

SSN: 323-76-4001

ALL DOCUMENTS AND RECORDS PERTAINING TO THE EMPLOYMENT AND/OR EARNINGS OF THE PLAINTIFF, INCLUDING ALL PAYROLL, THE APPLICATION FOR EMPLOYMENT, WORK ABSENCE RECORDS, 1099 FORMS, INCIDENT REPORTS, TIME CARDS, AND PRE-EMPLOYMENT AND EMPLOYEE PERFORMANCE RECORDS, FROM THE FIRST DATE OF EMPLOYMENT, UP TO AND INCLUDING THE PRESENT.

| ATTOF€NEY OR PARTY WITHO | UT ATTORNEY:                       | TELEPHONE NO T | FOR COURT USE ONLY  |                                        |
|--------------------------|------------------------------------|----------------|---------------------|----------------------------------------|
| PERRY A. ACC             |                                    | (312) 558-9800 | TOK GBORT ONE ONE I |                                        |
|                          | OF M. GERARD GREGOIRE              | (312) 336-9800 |                     |                                        |
|                          |                                    |                |                     |                                        |
| 200 NORTH LA             | ASALLE STREET, SUITE 2650, CHICAGO | O, IL 60601    |                     |                                        |
| ATTOPENEY FOR: GAGN      | <u>ION</u>                         | j              |                     |                                        |
| NAME OF COURT: CIRC      | UIT COURT FOR THE STATE OF ILLIN   | OIS            |                     |                                        |
|                          | THE COUNTY OF MCHENRY              | 1              |                     |                                        |
|                          | NORTH SEMINARY AVENUE, WOODST      | OCK, IL 60098  |                     |                                        |
| PLAINTEIPF/PETITIONER:   | DULBERG                            |                |                     | ······································ |
| DEFENTIDANT/RESPONDENT:  | GAGNON, ET AL.                     |                |                     |                                        |
|                          | 2LA000178                          |                |                     |                                        |
|                          | NOTICE (                           | OF DEPOSITION  |                     |                                        |

### NO TICE TO ALL PARTIES AND THEIR ATTORNEY(S):

1. The production of documents by the Custodian of Records of the following business will be required as follows:

DATE

TIME

AMS SCREW PRODUCTS

 $24~1\!\!18$  HIGHVIEW STREET, SPRING GROVE, IL 60081

11/15/2012

10:00 AM

Date z October 29, 2012

PERRY A. ACCARDO

(Type or Print Name)

|S| PERRY A. ACCARDO

(Signature)
ATTORNEY AT LAW
(Title)

NOTICE OF DEPOSITION

I a.m employed in LOS ANGELES County, California. I am over the age of 18 and not a party to the within action; my business address is: 1016 WEST JACKSON BOULEVARD, SUITE 213, CHICAGO, IL 60607

On 10/30/12, I gave notice to: SEE SERVICE LIST BELOW

Ora the above date, I served true copies of the following documents; Su bpoena

To each party appearing in this action, at the address below, by placing true copies thereof enclosed in a sealed envelope with postage fully pre-paid, in the United States mail at 325 MAPLE AVENUE,

TORRANCE, CA 90503

I declare under penalty of perjury under the laws of the State of Illinois that the foregoing is true and correct, and that this declaration was executed on 10/30/12.

SIGNED:

Keniqua Latta

THOMAS J. POPOVICH, P.C. HANS A. MAST 34 16 W. ELM ST MCHENRY, IL 60050

CICERO, FRANCE, BARCH & ALEXANDER, P.C. CICERO, FRANCE, BARCH & AL 6323 EAST RIVERSIDE BOULEVARD ROCKFORD, IL 61114

| STATE OF ILLINOIS | )    |
|-------------------|------|
|                   | ) SS |
| COUNTY OF MCHENRY | ĵ    |

# IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUDICIAL DISTRICT McHENRY COUNTY, ILLINOIS

PAUL DULBERG,

Plaintiff(s),

CASE NO. 12LA000178

VS.

DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually,

Defendant(s).

## CONSOLIDATED NOTICE TO PRODUCE PURSUANT TO SUPREME COURT RULE 214 AND SUPREME COURT RULE 237

Pursuant to Illinois Supreme Court Rule 214, you are requested and directed to produce within twenty-eight (28) days the following items for inspection and copying. You are further requested and directed pursuant to Illinois Supreme Court Rule 237 to produce at the time of commencement of trial and arbitration the following items:

- 1. Produce for the purpose of adverse examination at trial and arbitration, pursuant to 735 ILCS 5/2-1102, Co-Defendants, CAROLINE MCGUIRE and BILL MCGUIRE.
- 2. All copies of damage bills, estimates of repair or replacement for any property claimed to have been damaged in the occurrence in question, including, but not limited to, estimates, cancelled checks, receipts or other documentary evidence representing payment for such damages.
- 3. All photographs or video, images, of any of the parties to this suit, of vehicles, property, or physical objects involved in the occurrence, scene of the occurrence. For each item produced, identify the date the item was originally produced, the identity and contact information of the photographer, videographer, filmmaker or other individual who produced the item described and the identity and contact information of the current custodian of the original item described.
- 4. Any statement, memoranda, or other writing recording of any interview with any party, other person, or witness who has knowledge of the facts alleged in the Complaint or who

has opinions relating to any of the issues alleged in the Complaint, except those protected by privilege.

- 5. Any releases, hold harmless, or any other type of settlement agreements between Plaintiff(s) and any other party which may have been responsible for the damages claimed by Plaintiff(s).
- 6. All policies of insurance providing collateral source of payments to the Plaintiff(s), including, but not limited to, medical payment insurance, disability insurance, PIP insurance, and/or employment related insurance. Please attach any/all policies of insurance referred to above.
- 7. Any and all medical hospital, medication, therapeutic, clinical records, bills and reports. Any Social Security records relating to applications for disability claims, along with documentary evidence.
- 8. All incident reports pertaining to the incident including but not limited to reports to employer and/or insurance company.
- 9. Any and all employment records of the Plaintiff.
- 10. Any and all school, vocational or educational records of the Plaintiff.
- 11. Any and photographs, recordings, charts, graphs, sketches, documents, papers or any other tangible item or documentary evidence which you intend to use and/or introduce at trial and arbitration.
- 12. The names and addresses of all witnesses you intend to call at the trial and arbitration of this matter.
- 13. The names, address, and specialties of all opinion witnesses other than those claimed as a consultant that you intend to call at the trial and arbitration of this matter.
- 14. Copies of all reports and qualifications for each opinion witness you intend to call at the trial and arbitration of this matter.
- 15. Copies of any an all subpoenas issued for arbitration and trial of this cause, with this request continuing throughout the pendency of this action.
- 16. If the party or his attorney responding to this Request to produce knows of the existence or location of any document or items requested, even though they are not within the current possession of the party or his/her attorney, identify the location, the custodian and the nature of the document or items.
  - a. The date on which said document or tangible object was created;
  - b. The name and last know address of the author of the document or maker of the tangible object;
  - c. The name and last know address of the recipient of the document or tangible object or item;

- d. A brief description of the subject matter of the document or description of the tangible object or item;
- e. The basis of the claim of privilege.
- 17. An affidavit of the responding party of their attorney stating whether the production is complete in accordance with this Request pursuant to Supreme Court Rule 214 and Supreme Court Rule 237.
- 18. Copies of all individual United States and applicable individual state income tax returns, including any and all W2 forms and supporting documents for the year before, the year of and each year after the occurrence at issue. Further if any claim of lost income is based on self employment, produce and a all business and accounting records, including the name, address and telephone number of the accountant keeping or maintaining said records, for the year before, the year of and each year after the occurrence at issue.

I HEREBY CERTIFY that on September 5, 2012, a true and correct copy of the foregoing Request for Production was filed with the Clerk of the Circuit Court of McHenry County and was mailed to:

Hans A. Mast Law Offices of Thomas J. Popovich, P.C. 3416 W Elm St McHenry IL 60050

Attorney for Plaintiff(s) Paul Dulberg

Cicero, France, Barch & Alexander PC 6323 East Riverside Blvd Rockford, IL 61114

Attorney for Co-Defendants, Caroline and Bill McGuire

LAW OFFICE OF M/GERARD GREGOIRE

200 N LaSalle St Ste 2650

Chicago, IL 60601/1092

Telephone: 312/5/8/982

By:

PERRY A ACCARDO

Firm No.: 46878

Attorney Bar No.: 6228720 Attorney for Defendant(s):

David & agnon



# Deb Fisher

Certified Shorthand Reporter

Phone 815/226-9755

815/395-9510

922 North Lyford Road

Rockford, Illinois 61107

To: Attorney Thomas Popovich 3416 West Elm Street

McHenry, IL 60050 Date: 11-21-13

Paul Dulberg vs. David Gagnon, et al. Re:

Deposition of Paul Dulberg (Condensed copy)

Postage

\$447.20

6.00

\$453.20

TOTAL

Thank You! We Appreciate Your Business



## Deb Físher

Certified Shorthand Reporter

Phone 815/226-9755

Fax 815/395-9510

922 North Lyford Road

Rockford, Illinois 61107

To: Attorney Thomas Popovich 3416 West Elm Street

McHenry, IL 60050

Date: 11-21-13

Re: Paul Dulberg vs. David Gagnon, et al.

Deposition of Paul Dulberg (Condensed copy)

Postage

1/28/14

\$447.20

6.00

TOTAL

\$453.20

Thank You! We Appreciate Your Business

## UIRBANSKI REPORTING COMPANY, INC.

46 0 Lake Avenue Crystal Lake, IL 60014 31 2-977-1777 815-356-6140

Tax ID 36-3960092

## Invoice

| TRATE OF JOB | TNWOKGIC# |
|--------------|-----------|
| 2/4/2013     | 13870     |



| BULTO                             |   |
|-----------------------------------|---|
| Law Offices of Thomas J. Popovich | , |
| Mr. Hans Mast                     |   |
| 3416 W. Elm Street                |   |
| McHenry, II, 60050                |   |

|                               | INVOIGET<br>12/9/1: |      | DUIC DATIE<br>3/6/2013 |
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| exhaibits                     | 10                  | 0.25 | 2.50                   |
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| Th ank you for your business! | Total               |      | 7772:90                |

<sup>\*</sup> Now accepting credit card payments 4% fee will apply\*

<sup>\*\*</sup> A late fee of \$35 will be assessed after 60 days on all invoices \*

<sup>\*\*\*</sup> All check payments will be electronically deposited and debited from your account. Any attempt to stop payment will be assessed a \$30 service fee.



www.mohenry.minutemanpress.com -inall.minutemanmohenry@comcast.net

Invoice Number: ... Invoice Date!

80723 12/11/2013

Invoice:

Bill To: Thomas Popovich, P.C 2013

3416 W. Elm St McHenry IL 60050

wichenry it 60050

Phone: 815-344-3797 Fax: 815-344-5280 Ship To: Thomas Popovich, P.C 2013

Tom

3416 W. Elm St McHenry IL 60050

Phone: 815-344-3797 Fax: 815-344-5280

|                 | <br> |  |
|-----------------|------|--|
| Merry Christmas |      |  |
| and             |      |  |
| Happy New Year  |      |  |

| Desc | cription                                    | Price   |
|------|---------------------------------------------|---------|
| 2:25 | Black & White copies - Dulberg (Job 125106) | \$33.75 |
| 378  | Black & White copies - Austin (Job 125107)  | \$56.70 |
|      | Sub Total                                   | \$90.45 |
|      | Invoice Total                               | \$90.45 |
|      | Balance Due                                 | \$90.45 |



| Te rms: Net 30 days                   | 1.5% interest per month on past-due invoices |
|---------------------------------------|----------------------------------------------|
| Terms begin on Invoice date           |                                              |
| Th ank you,<br>Au thorized Signature: |                                              |
| Au thorized Signature:                |                                              |

39¢ DIGITAL COLOR COPIES - OUR EVERYDAY LOW PRICE ...

### STATE OF ILLINOIS IN THE CIRCUIT COURT OF THE 22<sup>ND</sup> JUDICIAL CIRCUIT COUNTY OF McHENRY

| PAUL DULBERG,                                                                                                                       | )                    |
|-------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| Plaintiff,                                                                                                                          | ) Case No. 12 LA 178 |
| VS.                                                                                                                                 | )                    |
| DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually, | )<br>)<br>)<br>)     |
| Defendants.                                                                                                                         | )                    |

# <u>DEFENDANT'S SUPPLEMENTAL INTERROGATORIES TO PLAINTIFF</u> (Medicare Secondary Payer Mandatory Reporting)

TO: Paul Dulberg c/o Attorney Hans A. Mast Law Offices of Thomas J. Popovich 3416 West Elm Street McHenry, IL 60050

The Defendants, BILL McGUIRE and CAROLYN McGUIRE, by their attorneys, Cicero, France, Barch & Alexander, PC, hereby propounds the following supplemental written interrogatories upon PAUL DULBERG to be answered in writing and under oath within the time required by law based upon information available to him.

NOTE: The information requested through the following supplemental interrogatories is necessary so that the Defendants and any insurer of the Defendants can comply with the Medicare reporting obligations. See 42 U.S.C. 1395y(b)(7) & (b)(8), referred to commonly as the Medicare Secondary Payer Mandatory Reporting Provisions of Section 111 of the Medicare, Medicaid and SCHIP Extension Act of 2007.

<u>INTERROGATORY NO. 1</u>: Please provide the following information about yourself:

a. Date of birth;

b. Social Security Number or Health Insurance Claim Number ("HICN").

ANSWER:

INTERROGATORY NO. 2: Are you currently a Medicare beneficiary? If so, please identify any and all amounts that have been paid by Medicare in satisfaction of medical expenses from any healthcare provider involved in the treatment of the injuries you are claiming in connection with the above-captioned lawsuit. Please also outline any communications that you have had regarding with Medicare and/or any Medicare Secondary Payer Recovery Center "(MRPRC") regarding Medicare liens, if any.

ANSWER:

INTERROGATORY NO. 3: Describe in detail all injuries you have sustained as a result of the occurrence alleged in your Complaint.

ANSWER:

INTERROGATORY NO. 4: Do you have any documentation in your possession and/or control regarding Medicare payments made to you or on your behalf in connection with the injuries you are claiming in connection with the above-captioned lawsuit. If yes, please provide copies of all documentation responsive to this interrogatory.

ANSWER:

INTERROGATORY NO. 5: Do you have any documentation in your possession and/or control regarding Medicare's right to recover payments made to you or on your behalf in connection with the injuries you are claiming in connection with the above-captioned lawsuit, including but not limited to Medicare conditional payment letters, lien notices from Medicare and/or lien notices from a MSPRC.

ANSWER:

<u>INTERROGATORY NO. 6</u>: State all healthcare benefits you have received or will eligible to receive as a result of injuries you attribute to the occurrence alleged in your Complaint.

ANSWER:

CAROLYN MCGUIRE and BILL MCGUIRE, Defendants, by their attorneys, CICERO, FRANCE, BARCH & ALEXANDER, P.C.,

By

RONALD A. BARCH (6209572)

Cicero, France, Barch & Alexander, P.C. 6323 East Riverside Blvd. Rockford, IL 61114 815/226-7700 815/226-7701 (fax)

### **CERTIFICATE OF SERVICE**

The undersigned hereby certifies that a copy of the foregoing document was

served upon:

Attorney Hans A. Mast Law Offices of Thomas J. Popovich 3416 West Elm Street McHenry, IL 60050

by depositing the same in the United States Post Office Box addressed as above, postage prepaid, at Rockford, Illinois, at 5:00 o'clock p.m. on \_\_\_\_\_7/10/12\_\_.

Cicero, France, Barch & Alexander, P.C. 6323 East Riverside Blvd. Rockford, IL 61114 815/226-7700 815/226-7701 (fax)

TETOMAS J. POPOVICH

HANS A. MAST

JOHN A. KORNAKT

DEANA M. REITER

The Law Offices of Thomas J. Popovich P.C

3416 W. ELM STREET McHenry, Illinois 60050

Telephone: 815.344.3797

FACSIMILE: 815.344.5280

www.popovichlaw.com

MARK J. VOGG JAMES P. TUTAI ROBERT J. LUMBER

THERESA M. FREEMAN

June 11, 2012

Second Request: July 16, 2012

Hand Surgery Associates, S.C. Dr Sagerman/Dr. Biafora MEDICAL RECORDS/PATIENT BILLING 515 W. Arlington Heights Road Suite 120 Arlington Heights, IL 60005

Re:

Patient:

Date of Birth:

Date of Service:

06/28/2011 to present

Paul Dulberg

Dear Sir or Madam:

Please be advised that the above-captioned person is represented by the LAW OFFICES OF THOMAS J. POPOVICH, P.C. We respectfully request the following information:

- Complete copy of the patient's file with your facility, including correspondence, doctor/nurse notes and therapy records from 06/28/11 to present; and
- Itemized bills for services rendered.

Attached please find a HIPAA authorization signed by our client/your patient permitting the release of the foregoing documents being requested.

Please direct these documents back to my attention by mailing the information to the address listed above. Thank you for your prompt attention to this request.

LAW OFFICES OF THOMAS J. POPOVICH, P.C.

Very truly yours,

Alarie Dullum,

Paralegal

**WAUKEGAN OFFICE** 210 NORTH MARTIN LUTHER KING JR. AVENUE WAUKEGAN, IL 60085

**Dulberg 005477** 

Dr. Frank W. Sek

FRANK W. SEK, M. D. 4606 W. ELM ST. MCHENRY, IL 60050

| date service                                                         |
|----------------------------------------------------------------------|
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| ON ACCOUNT OF                                                        |
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4606 W. ELM ST.

MCHENRY, IL 600B0

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4606 W. ELM ST.

MCHENRY, IL 600B0

Dollars

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Inedical Building

Sour Biesterfield Road, Suite 610

Elk Grove Village, IL 60007

Phone: (847) 981-3630

Fax: (847) 981-3633

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The first bette - Cell DR. Sagerman's office to have the wrist Evaluated take Tylinol ES (extra strength) (500mg 2 tolos, every 4-6 hours tolos) for ® wrist pour this wech (3) consider occupational therapy at Centegra if in I week and pain not improving continue Murinlin/gabapentin **Dulberg 005484** 

| CURRENT LIVING Occupation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | SITUATION / SUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PORT SERVICES  With Spouse / S.O                | een waling. Since                                       |
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| Facility:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                                         |
| Cultural/Religious Practice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | s _D None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1 let                                           |                                                         |
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| Primary Language Spoken                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | : e na                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Support System                                  |                                                         |
| Recent Stressors (Major Lo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s |                                                 |                                                         |
| FUNCTIONAL SCREET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | N = No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FALL RISK ASSESSMENT<br>(Check All That Apply)  | CHECK IF PRESENT ON ADMISSION EQUIPMENT/PROSTHESES USED |
| July The State of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | A = Assisted D = Dependent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Previous Fall (in past 6 months)                | (Check All That Apply)                                  |
| CONTROL OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF S | 1 = Independent A = Assisted D = Dependent U = Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Mobility Problem                                | Cane                                                    |
| Course South Stay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Confusion                                       | Walker                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Ambulation (PT)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Incontinent                                     | Crutches                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Transfers (PT)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Hearing / Visual Impairment                     | Wheelchair                                              |
| 1 /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Toileting (OT)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Meds That Put Patient at Risk of Falling        |                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Hygiene (OT)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Communication Barrier                           |                                                         |
| 1 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Dressing (OT)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | CNS impairment                                  | Partiel U L                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Feeding (OT)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | None of Above                                   | Glasses                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Swallowing (ST)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PRESSURE ULCER RISK ASSESMENT                   | Contact Lenses                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Communication (CT)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                 | Artificial Eye R L                                      |
| Cl Therapy not appropriate u                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Braden Scale tool attatched                     | Hearing Aid R L                                         |
| 24 hours                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Braden Scale Score                              | OTHER: NONE                                             |
| NUTRITION SCREEN C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ircle numbers that apply to pa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | tient; total the points.                        |                                                         |
| Dx. of malnutrition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Points                                          | Points                                                  |
| Inadequate po intake/dehydrat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5 Nausea/vomiting/diarrhea >                    | •                                                       |
| Surgical patient > 65 yrs. old                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 3 Difficulty chewing/swallowing                 |                                                         |
| Appears emaciated/morbidly                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | nhesa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 2 Decubitis ulcer/non-healing                   | wound 5                                                 |
| Special diet/diet schedule                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4 Trauma/sepsis                                 | 3                                                       |
| Pregnant/lactating (non-OB ac                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1 Unintentional 10 lb. gain/loss                | in 1 month 3                                            |
| Braden soale ≤ 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 5 Total Points                                  | 05                                                      |
| Risk Level: Low (1-4) / Modera                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ste (5-7) / High > 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | k total 5 or greater must be referred by docume | Disting on physician orders for order to Alfo           |
| AN Signature Lillara                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Caldalia                                        |                                                         |
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DULBERG ,PAUL R
71265382 M 42 07/09/12
DOB 03/19/1970 0001307925
SAGERMAN, SCOTT D MD

Northwest Community Hospital Northwest Community Day Surgery Center Affecton Heights, IL 60005



**NURSING ADMISSION ASSESSMENT** 

NCH Item No. 26666

Form # 005.014-02/04-1-980

07/09/2012

12:02

# NORTHWEST COMMUNITY HOSPITAL / DAY SURGERY CENTER

| ~~~ |                                                                       |                       |                                         | CAL       | ICIAI LWC                                 | 'E 2HE                       | <b>트 I</b>        |          |                                         |          |           |                                         |
|-----|-----------------------------------------------------------------------|-----------------------|-----------------------------------------|-----------|-------------------------------------------|------------------------------|-------------------|----------|-----------------------------------------|----------|-----------|-----------------------------------------|
| i.  | 71265382                                                              | ADM. DATE<br>07/09/12 | ADM. TIME<br>12:02                      | NAS ST    | ROOM/BD                                   | FCL<br>S                     | TP/6VC<br>G / DSC | 1        | EG BY<br>BAGG                           |          | NCD<br>SC | MEDICAL RECORD NO. 0001307925           |
| ENT | PATIENT NAMEAUTADO<br>DULBERG: PAUL R<br>4606: HAYDEN: COL<br>MCHENRY |                       |                                         | X<br>PHON | UMBER<br>CXX-XX-XXXX<br>E<br>847/497-4250 | AGE<br>42<br>RELIGION<br>NOP | 03/19/1970        | SEX<br>M | PACE<br>1                               | M/S<br>S | PATIE     | OA<br>CNTRY CD                          |
|     | CASE<br>MGR                                                           |                       | 020010000000000000000000000000000000000 | RIGH      | LAINT/OX                                  | RITIS                        |                   |          |                                         |          |           |                                         |
| ~~~ |                                                                       |                       |                                         |           | //G(Y)/Elec O                             |                              |                   | 0000000  | ::::::::::::::::::::::::::::::::::::::: |          |           | 300000000000000000000000000000000000000 |

|                                                                             | PEIMAAY                        |                         |
|-----------------------------------------------------------------------------|--------------------------------|-------------------------|
| NONE<br>7777 WINN ROAD<br>SPRING GROVE IL 60081-<br>WORK PHONE 959/695-8699 | DULBERG BARB                   |                         |
| SPRING GROVE IL 60081-                                                      | ©<br>E Home PHONE 847/497-4250 |                         |
| ff Work Phone 999/693-6993                                                  | WORK PHONE / EXT               | RELATIONSHIP ADULT CHIL |
| GUI_BERG_PAUL<br>ABOG HAYDEN COURT<br>MCHENRY IL 60051                      | BECONDARY                      |                         |
| # 4506 HAYDEN COURT                                                         |                                |                         |
|                                                                             | HOME PHONE                     | FIELATIONSHIP           |
| 8 HOME: PHONE: 847/497/4250                                                 | ESC BOOK PHONE BOOK            |                         |

|               | Ins 1: S99 SELFPAY Pol #: 00000 DULBERG 4606 HAYDEN COUF MCHENRY Sub1: DULBERG, PAUL                                                   | Type:<br>at<br>, IL 60050- | Phn #:847/497-4250<br>Grp #:00000<br>SELF | COB: 1<br>Vfy: Y |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------------------|------------------|
| HOSPACOR      |                                                                                                                                        | Туре:                      | Phn #: <sup>/ -</sup><br>Grp #:           | COB:<br>Vfy:     |
| t             | Ins 3:<br>Pol #:<br>, -                                                                                                                | Туре:                      | Phn #:/ -<br>Grp #:                       | COB:<br>Vfy:     |
| EP-BOOK - PEO | Sub3:  ATTENDING PHYSICIAN: PHYSICIAN GROUP; ADMITTING PHYSICIAN: REF/FAMILY PHYSICIAN: PRIMARY CARE PHYSICIAI LAST EPISODE ACTIVITY D |                            | MD ORH  MD ORH  / - / -                   |                  |

ITEM # E38130 FORM # 005.315-03/02-1-ET

#### **Outpatient Coding Summary**

| Patient Nan<br>DULBERO                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Sex<br>Male        | Birth Date<br>03/19/1970                | Age<br>42           | MR Numb        |              | Account Number<br>71265382 |
|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------|---------------------|----------------|--------------|----------------------------|
| Admit Date 07/09/12 1                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Discharge Date<br>07/09/12 12:02 PM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | LOS<br>1           | Financial Class<br>Self Pay             |                     | Disposition    | า            | <u> </u>                   |
|                                       | AN, SCOTT D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | MD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Coder<br>Litty Vin | cent                                    |                     | Patient Ty     |              | Center (DSC)               |
| Reason fo                             | ý vísit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1.70                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | *,                 |                                         |                     | 2747           |              |                            |
| 3542 Leslor                           | of ulnar nerve                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    | *************************************** | <del></del>         |                | <u> </u>     |                            |
| Secondar                              | y Diagnosis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    | Alta Asset                              | , 2.3               |                |              | A WAR                      |
| E9289 Uns                             | to ulnar nerve                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | mental and accidental causes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                         |                     |                |              |                            |
| Procedure                             | 38                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                                         | Provide             |                |              | Date                       |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | illon decompression/lysis of a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                                         | SAGERM              | IAN, SCOTT D   | MD           | 07/09/12                   |
| CPT Proc                              | edures and M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | odifiers?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                                         | Provide             |                | 37           | Date                       |
| 64718 -RT                             | Neuroplasty and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | l/or transposition; uiner nerve                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | at elb             |                                         | SAGERM              | IAN, SCOTT D   | MD           | 07/09/12                   |
| APC                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PC-Text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | A A                |                                         |                     | APC PC         | APC<br>Relmb | CMS Reimb                  |
| 00220                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0220 Level I Nerve Procedur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                                         | 18.88               | 1.00           | 1344,01      | 1075.21                    |
|                                       | A Section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the sect | Pages 3. Control of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State o | <del></del>        |                                         | "片小菜点               | Saltinia . Th  |              | 大学技術製造と マークル               |
| 1344.01                               | Reimbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | APC Total<br>18.88 | Weight                                  | Total CM<br>1075.21 | S Reimbursem   | ent          |                            |
| Bill Type                             | Claim Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Claim Dis          | position                                | Condition           | Condition Code |              |                            |
| 131 Single day proc No edits on claim |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    | None of                                 | the above           |                |              |                            |





#### **Outpatient Coding Summary**

| Patient Name<br>DULBERG, PAUL R                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Sex<br><b>Male</b>                       | Birth Date<br>03/19/1970    | Age<br>42           | MR Number<br>0001307925                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Account Number<br>71265382                       |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| Admit Date<br>07/09/12 12:02 PM                        | Discharge Date<br>07/09/12 12:02 PM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | LOS<br>1                                 | Financial Class<br>Self Pay | <del></del>         | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                  |
| Attending Physician SAGERMAN, SCOTT I                  | D MD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Coder<br>Litty Vin                       | cent                        |                     | Patient Type<br>O/P Day Surge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ry Center (DSC)                                  |
| Reason for visit                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 11. 10.                                  | 1.25                        | an en               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                  |
| 3542 Lesion of ulnar nerve                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | 20.17. 00.11.22             | · : stantata        | F. TURWISKIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | A constraint to the second                       |
| Secondary Diagnosis                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | and the second                           | 49.5                        | (                   | 10 15 10 10 10 10 10 10 10 10 10 10 10 10 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Telly 2                                          |
| 9552 Injury to ulner nerve<br>E9289 Unspecified enviro | nmental and accidental cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 8                                        |                             |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                  |
| Procedures                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                             | Provide             | i de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania del compania del compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania del compania de la compania de la compania del compania de la compania de la compania de la compania del compania del compania del compania del compania del compania del compania del compania del compania del compania del compania del compania del compania del compania del compania del compania del compania del compania del compania del compania del compania del compania del compania del compania del compania del compania del compania del compania del compania del compania del compania del compania del compania del compania del compania del compania del compania del compania del compania del compania del compania del compania del compania del compania del compania del compania del compania del compania del compania del compania del compania del compania del compania del compania del compania | Date                                             |
| 0449 Peripheral nerve/gar                              | nglion decompression/lysis of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | adhesion                                 |                             |                     | AN, SCOTT D MD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 07/09/12                                         |
| CPT Procedures and                                     | Modifiere                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                          |                             | Provide             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Date                                             |
| 64718 -RT Neuroplasty or                               | ıd/or transposition; ulnar nervi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | e et elb                                 |                             | SAGERN              | AN, SCOTT D MD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 07/09/12                                         |
| APC CPT                                                | APC Text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                          |                             | APC                 | APC APC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                  |
|                                                        | 00220 Level I Nerve Procedu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                          |                             | 18.88               | 1.00 1344.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                  |
|                                                        | A CONTRACTOR OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF TH |                                          |                             | 心不多為物理              | <b>建设的企业的企业的企业的企业的企业的</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 治療があった。これが最初                                     |
| APC Total Reimbursemen<br>1344.01                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | APC Total<br>18.88                       | l Weight                    | Total CM<br>1075.21 | 9 Relmbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                  |
| Bill Type Claim Type                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Claim Dis                                | position                    | Condition           | Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <del>***                                  </del> |
| 131 Single day                                         | proc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | No edits                                 | on claim                    | None of             | the above                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                  |





## **AUTHORIZATION FOR PERIPHERAL NERVE BLOCK PLACEMENT**

A peripheral nerve block has been chosen by both your surgeon and anesthesiologist as a way to manage your pain after surgery. The following information outlines the type of block that has been indicated for your procedure. Your anesthesiologist, who is specially trained in performing this procedure, and is an independent practitioner and not an employee of Northwest Community Healthcare, will be placing the nerve block.

Though peripheral nerve blocks have a good safety record, all the listed blocks below have possible adverse effects of incomplete block, infection, bleeding, hematoma formation, adverse drug reaction, local anesthetic systemic toxicity, damage to nerve and/or surrounding structures. The duration of block may vary between patients and some motor and sensory deficits may last longer then expected.

Brachial Plexus block

This is performed to reduce post operative pain in the upper extremity. Possible specific adverse effects include but are not limited to dryness or numbness of the throat/facial region, hoarseness of the voice, redness of the eye, drooping of the eye lid, shortness of breath and rarely collapsed lung.

Femoral, Sciatic, Popliteal nerve block(s)

This is performed to reduce post operative pain in the lower extremity. This block(s) will reduce your sensation and muscle strength in your leg. You will be required to have a leg splint on at all times when standing or walking until full feeling and muscle strength has returned, otherwise a potential injury due to fall may occur.

\_ Lumbar Plexus block

This is performed to reduce post operative pain in the hip and lower extremity. Possible specific adverse effects include but are not limited to hematoma of the retroperitoneal space, spread of local Anesthetic to epidural/subarachnoid space, hypotension, possible injury due to fail.

Transversus Abdominis Plane Block (TAP block)

This is performed to reduce post operative pain in the abdominal area. Possible adverse effects include inadvertent needle puncture of the peritoneal space or abdominal viscera, howel hematoms.

| Other regional nerve blocks:   | neal space or abdominal viscera, bowel hematoma.                                  |
|--------------------------------|-----------------------------------------------------------------------------------|
| The conte                      | nerve block chosen for you. You are also confirming<br>ent of this authorization. |
| Patient Signature Paul Calling | Date and Time 7/5/10 10:-/                                                        |
| Witness Signature 57           | Date and Time                                                                     |
| Nor                            | thwest Community Hospital                                                         |

OULBERG ,PAUL R 71265382 M 42 07/09/12 DOB 03/19/1970 0001307925 SAGERMAN, SCOTT D MD Northwest Community Hospital Adagton Heights, IL 60005



AUTHORIZATION FOR PERIPHERAL NERVE BLOCK PLACEMENT

NCH item # 56917

Form # 001,175-07/11-1-PS

| I hereby authorize                                                                                                                  | <u> </u>                                                           | genian                                          |                                         |                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------|
| M.D. and whomever he may de                                                                                                         | signate as physician.                                              | assistants to adminis                           | ter such medical                        | treatment, including blood trans-                                   |
| fusions, as he deems necessar                                                                                                       | y and/or to perform u                                              | pon Paul O<br>deconstata Nam                    | ulberg                                  | the following procedure:                                            |
| Oransposid                                                                                                                          | eor, 1                                                             | wo yses                                         | <u>at</u>                               | foreary                                                             |
| · · · · · · · · · · · · · · · · · · ·                                                                                               | (State Natu                                                        | re of Procedure(s) to be Pe                     | rformed)                                |                                                                     |
|                                                                                                                                     | arises in the course of mplated, I further requ                    | of the procedure callingest and authorize him   | g, in his judgmen                       | t, for procedures in addition to, one deems advisable.              |
| C. NIV DIIVSICIAN NAS AYNIAINAA                                                                                                     | the nature and purpos                                              | LA -4 AL                                        |                                         | n, possible alternative methods o<br>uarantee or assurance has beer |
| <ol><li>I consent to the administration</li><li>and to the use of such anesth</li><li>explained to me, with the exception</li></ol> | n of anesthesia and/o<br>etics as he may dee<br>tion of:           | r sedation to be applie<br>m advisable, and tha | ed by or under the<br>t the risks and b | direction of a qualified physician enefits of anesthesia have beer  |
|                                                                                                                                     | (A Blank Space or                                                  | the Word "None" Indicates                       | Na Exceptions)                          |                                                                     |
| 4. I consent to the disposal by                                                                                                     | authorities of Northwe                                             | est Community Hospita                           | al of any tissues                       | or parts which may be removed.                                      |
| appropriate portions of my bod picture or by descriptive text acc                                                                   | ze the photographir<br>y for medical, scientif<br>companying them. | ng or televising of<br>ic or educational purp   | such operations<br>oses, provided n     | and/or procedures, including<br>ny identity is not revealed by the  |
| <ol><li>I consent to and authorize a<br/>during the above procedure.</li></ol>                                                      |                                                                    |                                                 |                                         |                                                                     |
| <ol><li>The above physician, the an<br/>agents of the hospital, but are in</li></ol>                                                |                                                                    | 719.                                            |                                         |                                                                     |
| 8. I certify that I have read and below.                                                                                            | fully understand the e                                             | entire contents of this                         | authorization in p                      | roof of which I affix my signature                                  |
|                                                                                                                                     | Dour                                                               | 1000                                            | Muse                                    |                                                                     |
| (WITNESS)                                                                                                                           | - vou                                                              | (SIGNATURE OF PATIE                             | END                                     |                                                                     |
| NOTE: If patient is a Minor or in                                                                                                   | competent to give co                                               | •                                               | /                                       |                                                                     |
| (WITNESS)                                                                                                                           | <u> </u>                                                           | (SIGNATURE OF PERS                              | SON AUTHORIZED T                        | O CONSENT FOR PATIENT)                                              |
| (WITNESS)                                                                                                                           |                                                                    | (RELATION TO PATIEN                             | m                                       |                                                                     |
| (DATE/FIME) 7/9/12                                                                                                                  | 1230                                                               | ,                                               | •••                                     |                                                                     |
|                                                                                                                                     |                                                                    | Northwest Commun                                | in Vacated                              |                                                                     |

DULBERG ,PAUL R
71265382 M 42 07/09/12 DOB 03/19/1970 0001307925 SAGERMAN, SCOTT D MD

NCH Item # 1143 (front)

Northwest Community Hospital
Northwest Community Day Surgery Center

Arlington Heights, IL 80005



AUTHORIZATION FOR SURGICAL TREATMENT OR DIAGNOSTIC OR MINOR PROCEDURES
Form No. 001.011-03/10-1-SD

| 1. Por medio de este documento autorizo al Doc                                                                                              | ctor                                                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| y a quien él señale como médico, y asistentes, pa                                                                                           | ara que administren tratamiento médico, lo cual incluye transfusiones de sangre                                                                                                            |
| si lo estima necesario, y /o practicar en                                                                                                   | •                                                                                                                                                                                          |
| The obtained recognition, y to practical till                                                                                               | (Indique nombre del paciente)                                                                                                                                                              |
|                                                                                                                                             |                                                                                                                                                                                            |
| (Indique la naturaleza de                                                                                                                   | el procedimiento o procedimientos a ser practicado(s))                                                                                                                                     |
| y, si surgiere alguna situación imprevista en el t<br>que, a su criterio, aplique otros procedimiento<br>aconsejable.                       | transcurso del procedimiento mencionado, yo pido y también le autorizo para<br>os que no hayan sido aquí considerados; y que proceda con lo que estime                                     |
| 2. Mi médico me ha explicado la naturaleza alternativos posibles del tratamiento, los riesgo seguridad ha sido expresada acerca de los resu | y el propósito del procedimiento, o transfusión de sangre, los métodos<br>s que implica y la posibilidad de complicaciones. Declaro que ni garantía n<br>ultados que puedan ser obtenidos. |
| 3. Consiento en que la administración de ane<br>calificado, y que el uso de tales anestésicos ser                                           | estesia y/o sedación sea aplicada por o bajo la eupervisión de un médico<br>rá según el lo estime aconsejable, con la excepción de:                                                        |
| (Un espacio en blanco o                                                                                                                     | la palabra "ninguna" indica que no hay excepciones)                                                                                                                                        |
|                                                                                                                                             | Community Hospital dispongan de los tejidos o partes que hayan sido removidos.                                                                                                             |
| 5. Consiento y autorizo la toma de fotografías y                                                                                            | las grabaciones televisivas de tales operaciones y/o procedimientos, lo cual                                                                                                               |
| <ol><li>Consiento y autorizo que estudiantes de la<br/>puedan estar presentes durante el procedimient</li></ol>                             | profesión del cuidado de la salud, así como personal no-médico calificado, lo atriba mencionado.                                                                                           |
|                                                                                                                                             | ogo, si es aplicable, sus asistentes y su grupo médico no son empleados n                                                                                                                  |
| agentes del hospital, pero son personal médico                                                                                              | rgo, si es aplicable, sus asistentes y su grupo medico no son empleados n<br>independiente.                                                                                                |
| Certifico que he leido y que comprendo comp firma aquí.                                                                                     | eletamente todo el contenido de esta autorización y, como prueba estampo m                                                                                                                 |
|                                                                                                                                             |                                                                                                                                                                                            |
| (TESTIGO)                                                                                                                                   | (FIRMA DEL PACIENTE)                                                                                                                                                                       |
| Si el paciente es menor de edad o está incapac                                                                                              | itado para dar su consentimiento, complete la siguiente información:                                                                                                                       |
|                                                                                                                                             |                                                                                                                                                                                            |
| (TESTIGO)                                                                                                                                   | (FIRMA DE LA PERSONA AUTORIZADA PARA DAR CONSENTIMIENTO POR EL PACIENTE)                                                                                                                   |
| (TESTIGO)                                                                                                                                   | (RELACION CON EL PACIENTE)                                                                                                                                                                 |
| (FECHA/HORA)                                                                                                                                |                                                                                                                                                                                            |
| DULBERG ,PAUL R 71265382 M 42 07/09/12 DOB 03/19/1970 0001307925 SAGERMAN, SCOTT D MD                                                       | Northwest Community Hospital Northwest Community Day Surgery Center Anlington Heights, IL 60005  AUTORIZACIÓN PARA PROCEDIMIENTOS E DIAGNÓSTICO, TERAPÉUTICOS Ó QUIRÚRGICOS                |
| NCH Item # 1143 (backer)                                                                                                                    | AUTHORIZATION FOR SURGICAL TREATMENT OR DIAGNOSTIC OR MINOR PROCEDURES (SPANISH)  Form No. 001,011-03/10-1-SE                                                                              |









## DAY SURGERY CENTER PATIENTS



I received the Day Surgery Center brochure by mail outlining my Patient Rights and Advance Directive options.

I have received a copy of the Patient Rights and Responsibilities.

### SHARING CONSENT

- To comply with the Federal Privacy rules, we request that a spokesperson be identified by the
  patient to be the primary contact to receive updates about the patient's condition. An alternate
  spokesperson(s) may be selected in case the primary spokesperson is not available. It is a
  requirement that both primary and alternate spokespersons have the patient's permission to
  receive protected health information as it relates to his/her care.
- Information requests via the telephone will be given only to an identified spokesperson on this
  written document.

Physician may share information about my procedure with the following individuals:

|          | Barb                       | Adding Co.                                | .g                                  |
|----------|----------------------------|-------------------------------------------|-------------------------------------|
| Nar      |                            | Relationship                              |                                     |
|          |                            | Meiationship                              | (Cell Phone Number)                 |
| Nar      | ne                         | Polotional                                |                                     |
| -        | _                          | Relationship                              | (Cell Phone Number)                 |
|          | Do not share routine       | information regarding my pr               | ocedure                             |
| Res      |                            | me home:                                  |                                     |
|          | My driver plans to stay in | the immediate area (walting roo           | om)- Pager number                   |
| ]        |                            | when ready:                               |                                     |
|          |                            | Name and phone<br>e at home for 24 hours: | number for driver                   |
| lote     |                            |                                           |                                     |
|          | 9S:                        |                                           |                                     |
| <br>atie | ent/Guardian Signature:    | Wand dulkey                               | Date:                               |
|          | 12 1 2 2 1                 |                                           |                                     |
| Г        | DLOCK DLOCK                | Northwest Community                       | nity Hospital<br>Day Surgery Center |

DULBERG ,PAUL R 71265382 M 42 07/09/12 DOB 03/19/1970 0001307925 SAGERMAN, SCOTT D MD

Arlington Heights, IL 60005



NCH Item # 57533

SHARING PATIENT INFORMATION FORM

Form # 001.170-09/11-1-SD

#### **UNIVERSAL CONSENT**

| LANGUAGE SERVICES (please initial)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| hunderstand that I have the right to a free interpreter.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| English Speaking - No Interpreter Necessary.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| l accept the interpreting services provided by the h                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Language<br>Requested:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Name of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| ☐ I refuse the interpreting services. ☐ I request a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Interpreter:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Refusal Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | mend or lamily member to interpret.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Form read to patient by:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 4 , 43 · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| CONSENT FOR TREATMENT (please initial I hereby consent to the administration and performan medical staff and personnel at Northwest Community Hand/or Northwest Community Medical Group ("NCH" considered necessary or advisable for the diagnosis or to myself. I understand that the practice of medicine and so no guarantees have been made to me. I authorize NC medical record, from my treating physician(s) or agents                                                                                                                                                                                                                                                                                                                                                                     | nce of all tests and treatments by members of the lospital, Northwest Community Day Surgery Center, ) which in the judgment of the physicians may be treatment for the condition for which I am presenting urgery is not an exact science and acknowledge that the request and receive information, including many                                                                                                                                                                                                                        |
| My care will be managed by physicians who are not exprivileges at these facilities. My physician may demployed by or agents of NCH and who practice provide specialized services such as emergency medianesthesiology, NCH has entered into agreement members of these groups are not employees or agents professionals such as nurse anesthetists, physician midwives who are not employees or agents of NCH. It or authority over any physician's professional or allied he decisions. I understand that my treating physicians medically not that I will receive a separate bill for these physicians acknowledge that NCH WILL NOT be liable for any lot than that which is deposited in the hospital safe, who visitor, guest, agent or employee of NCH. I hereby release personal property. | in other specialties to provide care to me. To cine, radiology, radiation oncology, pathology and ints with independent physician groups. The of NCH. My care may be managed by allied health assistants, advanced practice nurses and nurse understand that NCH does not exercise any control ealth professional's judgment, diagnosis or treatment may not participate in the same insurance plans as ysician services.  (please initial)  oss or theft of any personal property of mine, other eather such loss or theft is accused by |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Northy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | west Community Hasnital                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

DULBERG ,PAUL R 71265382 M 42 07/09/12 DOB 03/19/1970 0001307925 SAGERMAN, SCOTT D MD

Northwest Community Day Surgery Center Northwest Community Medical Group



**UNIVERSAL CONSENT** 

Page 1 of 1

Form # 001.002-05/11-1-SD

NCH Employee Witness Signature \_

NCH item # 24839 (backer)

| ASSIGNMENT OF INSURANCE BENEFITS AND RELEASE OF A currently maintain insurance coverage which will reimbut treating physicians, and any ambulance transport for me consideration of those services, I hereby assign, transfer a physicians, and any ambulance providers all of my rights, title are for medical expense reimbursement, including, but not limited to have a policy continued or issued in accordance with the terms policy continued or issued. | erse the charges from NCH, my edical care provided to me. In and convey to NCH, my treating and interest in my medical insurance adding dependent eligibility, and to |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I hereby authorize the NCH and any physician or other healthderelease, for the purpose of billing and collecting, any and all permedical records, including HIV, to one another and/or their payors responsible for payment of patient charges including companies, health benefit plans, employers involved in approval of or intermediaries representing any of the above.                                                                                    | rtinent information contained in my ir billing agents, and third party                                                                                                |
| PAYMENT GUARANTEE (please initial)  I hereby assume full responsibility for and agree to pay all costs, chefor the medical care provided by NCH and/or my treating physoutpatient, unless I qualify for financial assistance or charity care, not sufficient to satisfy such costs, charges and expenses in full, insurer and the resulting balance is not covered by the Assignment responsible for payment of the balance.                                    | sicians, whether as an inpatient or<br>if my medical insurance coverage is<br>or i do not follow quidelines of my                                                     |
| RECEIPT OF NOTICE OF PRIVACY PRACTICES (please I acknowledge that I have received NCH's Notice of Privacy Practices the uses and disclosures of my protected health information with respect to my protected health information. For more information Advocate Office at 847.618.4390.                                                                                                                                                                          | ctices. I understand that the notice                                                                                                                                  |
| RECEIPT OF CHARITY CARE/FINANCIAL ASSISTANCE BROCHI<br>I acknowledge that I have received the NCH Charity Care/Financial<br>information, please contact a Financial Counselor at 847.618.4542.                                                                                                                                                                                                                                                                  | URE (please initial) cial Assistance brochure. For more                                                                                                               |
| Upon signing this consent, I acknowledge that I have read and units terms.  Patient Signature                                                                                                                                                                                                                                                                                                                                                                   | Date                                                                                                                                                                  |
| If Patient unable to sign-Legal RepresentativeRelationship to Patient and reason Patient unable to sign                                                                                                                                                                                                                                                                                                                                                         | DULBERG ,PAUL R<br>71265382 M 42 07/09/12                                                                                                                             |
| Date of Service                                                                                                                                                                                                                                                                                                                                                                                                                                                 | DOB 03/19/1970 0001307925<br>SAGERMAN, SCOTT D MD                                                                                                                     |

Form # 001,002-05/11-1-SD

Date.









### **UNIVERSAL CONSENT**

| LANGUAGE SERVICES (please initial)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| hunderstand that I have the right to a free interpreter.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                        |
| English Speaking - No Interpreter Necessary.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                        |
| accept the interpreting services provided by the hospital.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                        |
| Language Name of Requested:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                        |
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| Refusal Signature:Form read to patient by:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                        |
| 0.03                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                        |
| CONSENT FOR TREATMENT (please initial)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | •                                      |
| I hereby consent to the administration and performance of all tests of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | and treatments by members of the       |
| The second of the proposition of the proposition of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the se | oct Community Day Cyman - Arman        |
| The first of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the cont | iddinant of the physicians             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | COndition for which I am               |
| myself. I understand that the practice of medicine and surgery is not an eno guarantees have been made to me. I authorize NCH to request an medical record from my treating abunicing (s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | xact science and acknowledge that      |
| medical record, from my treating physician(s) or agents.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | a receive information, including my    |
| DISCLOSURE STATEMENT (please initial)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                        |
| My care will be managed by abundant (please initial)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                        |
| My care will be managed by physicians who are not employed by or privileges at these facilities. My physician who are not employed by or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | acting as agents of NCH but have       |
| privileges at these facilities. My physician may decide to call i employed by or agents of NCH and who practice in other specialized captions and who practice in other specialized captions and who practice in other specialized captions are the provide specialized captions and who practice in other specialized captions are the provided specialized captions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | n consultants who are also not         |
| provide specialized services such as emergency medicine, radiology,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | radiation oppolate matheless to me. To |
| wrood to longy, from has efficied into agreements with inder                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Sendent physician around The           |
| The mode of these groups are not employees or adents of NCH. My car                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 10 may be managed by although broken   |
| Professionals such as flurse anestherists, physician assistante advi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | anced practice purses and name         |
| The wives will are not employees or agents of NCH. I understand that                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | NCH does not evereige and neutral      |
| or additionly over any physician s projessional or altied health professiona                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | l'e judgment diagnosis er treatment    |
| decisions. I understand that my treating physicians may not participal NCH, and that I will receive a separate bill for these physician services.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ite in the same incurance plane as     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |
| RELEASE OF RESPONSIBILITY FOR VALUABLES (please                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | se initial)                            |
| l acknowledge that NCH WILL NOT be liable for any loss or theft of ar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ny personal property of mine, other    |

than that which is deposited in the hospital safe, whether such loss or theft is caused by any patient, visitor, guest, agent or employee of NCH. I hereby release and exonerate NCH from any loss or theft of my

DULBERG ,PAUL R 71265382 M 42 07/09/12 DOB 03/19/1970 0001307925 SAGERMAN, SCOTT D MD

Northwest Community Hospital Northwest Community Day Surgery Conter Northwest Community Medical Group



**UNIVERSAL CONSENT** 

Page 1 of 1

Form # 001,002-05/11-1-SD

NCH Item # 24839

personal property.

Date of Service

NCH ftem # 24839 (backer)

NCH Employee Witness Signature\_

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | C                                                                                                          | $\circ$                                                                                                               | <b>)</b>                                                                                                         | <b>)</b>                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| ASSIGNMENT OF INSUIT I currently maintain instreating physicians, and consideration of those physicians, and any amb for medical expense reimhave a policy continued policy continued or issue                                                                                                                                                                                                                                                                                                                                                                                                                 | surance coveraged any ambular services, I here sulance providers abursement, incluor issued in acceptance. | ge which will race transport for transport for transition assign, transition all of my rights, ding, but not limited. | eimburse the charg<br>or medical care p<br>sfer and convey to<br>title and interest in n<br>ted to adding depend | rovided to me. In NCH, my treating ny medical insurance dent eligibility, and to |
| I hereby authorize the Norelease, for the purpose medical records, including payors responsible for companies, health benefit or intermediaries representations.                                                                                                                                                                                                                                                                                                                                                                                                                                               | of billing and co-<br>ling HIV, to one<br>payment of pa<br>plans, employers                                | llecting, any and<br>e another and/o<br>atient charges is<br>involved in appro                                        | all pertinent informa<br>or their billing ager<br>including but not i                                            | ition contained in my<br>nts, and third party<br>imited to insurance             |
| PAYMENT GUARANTEE (please initial) I hereby assume full responsibility for and agree to pay all costs, charges and expenses incurred by me for the medical care provided by NCH and/or my treating physicians, whether as an inpatient or outpatient, unless I qualify for financial assistance or charity care. If my medical insurance coverage is not sufficient to satisfy such costs, charges and expenses in full, or I do not follow guidelines of my insurer and the resulting balance is not covered by the Assignment of Insurance Benefits, I will be fully responsible for payment of the balance. |                                                                                                            |                                                                                                                       |                                                                                                                  |                                                                                  |
| RECEIPT OF NOTICE OF PRIVACY PRACTICES (please initial) I acknowledge that I have received NCH's Notice of Privacy Practices. I understand that the notice describes the uses and disclosures of my protected health information by NCH and informs me of my rights with respect to my protected health information. For more information, please contact the Patient Advocate Office at 847.618.4390.                                                                                                                                                                                                         |                                                                                                            |                                                                                                                       |                                                                                                                  |                                                                                  |
| RECEIPT OF CHARITY CARE/FINANCIAL ASSISTANCE BROCHURE (please initial) I acknowledge that I have received the NCH Charity Care/Financial Assistance brochure. For more information, please contact a Financial Counselor at 847.618.4542.                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                            |                                                                                                                       |                                                                                                                  |                                                                                  |
| Upon signing this conserts terms.  Patient Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                            |                                                                                                                       | and understand the                                                                                               |                                                                                  |
| If Patient under 18 years                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Parent or Guardia                                                                                          | 1,8ignature                                                                                                           |                                                                                                                  |                                                                                  |
| If Patient unable to sign-L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | egal Representati                                                                                          | ve                                                                                                                    |                                                                                                                  |                                                                                  |
| Relationship to Patient ar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                            |                                                                                                                       |                                                                                                                  |                                                                                  |

Form # 001.002-05/11-1-SD

Date\_

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### DAY SURGERY CENTER PATIENTS



I received the Day Surgery Center brochure by mail outlining my Patient Rights and Advance Directive options.

I have received a copy of the Patient Rights and Responsibilities.

### **SHARING CONSENT**

- To comply with the Federal Privacy rules, we request that a spokesperson be identified by the
  patient to be the primary contact to receive updates about the patient's condition. An alternate
  spokesperson(s) may be selected in case the primary spokesperson is not available. It is a
  requirement that both primary and alternate spokespersons have the patient's permission to
  receive protected health information as it relates to his/her care.
- Information requests via the telephone will be given <u>only</u> to an identified spokesperson on this written document.

Physician may share information about my procedure with the following individuals:

|                  | Daw                                                                                                                        | mon                             |                     |  |  |
|------------------|----------------------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------|--|--|
| Name             |                                                                                                                            | Relationship                    | (Cell Phone Number) |  |  |
| Name             |                                                                                                                            | Relationship                    | (Cell Phone Number) |  |  |
|                  | Do not share routine                                                                                                       | e information regarding my pro  | ocedure             |  |  |
| Res <sub>l</sub> | ponsible adult that will drive<br>Same as above                                                                            | me home:                        |                     |  |  |
|                  | My driver plans to stay li                                                                                                 | the immediate area (walting roo | om)- Pager number   |  |  |
|                  | My driver will pick me up                                                                                                  | when ready:                     |                     |  |  |
|                  | My driver will pick me up when ready:  Name and phone number for driver  Adult who will stay with me at home for 24 hours: |                                 |                     |  |  |
| Note             | es:                                                                                                                        |                                 |                     |  |  |
|                  |                                                                                                                            |                                 |                     |  |  |
| Patie            | ent/Guardian Signature:                                                                                                    | X fail dulling                  | Date:               |  |  |

DULBERG ,PAUL R

71265382 M 42 07/09/12 DOB 03/19/1970 0001307925 SAGERMAN, SCOTT D MD Northwest Community Hospital Northwest Community Day Surgery Center Arilington Heights, IL 60005

2-



SHARING PATIENT INFORMATION FORM

NCH Item # 57533

Form # 001.170-09/11-1-SD

Key Points to observe after hospital discharge:

- Begin to take your oral pain medication when you start to have feeling in your operative limb. 1) This will provide more effective pain relief than if you wait until the block wears off completely.
- Start taking your home medications as directed by your family physician or surgeon. 2)
- 3) You may notice a slight temperature difference between your "blocked" limb versus your other limbs. This is not unusual and is a normal occurrence for this type of anesthesia.

### Upper Limb (Arm)

- The nerve block will wear off in about 6 24 hours. Until then, your arm and shoulder area 1) will be numb and weak. DO NOT lift or carry objects.
- Limit your activities until full feeling and strength have returned to avoid injury due to altered 2) sensation.
- If given an arm sling, wear sling until you have feeling and muscle strength to control your 3) arm or your surgeon tells you to remove it. This also is to prevent injury.

## Lower Limb (Leg)

- 1) The nerve block will wear off in about 6 - 24 hours. Until then, your leg will be numb and weak. DO NOT try to bear weight on your leg or you might fall! When given a brace, wear it at all times that you are up and about, until your surgeon tells you otherwise.
- 2) Limit your activities until full feeling and muscle strength have returned to avoid injury due to altered sensation.
- 3) Use assistive devices such as crutches or a walker as ordered by your physician.

If you have redness or swelling at the injection site, metallic taste in your mouth, facial numbness or tingling, slurred speech, restlessness, or any question that is of concern please call the 847.618.7200 immediately and ask to talk to an anesthesiologist.

Patient/Patient Rep Signature

4054DISR

DULBERG ,PAUL R M 42 07/09/12 71265382

DOB 03/19/1970 0001307925 SAGERMAN, SCOTT D

Regional Anesthesia/ Single Block Injection Discharge Instruction Sheet

NCH Item # 56906

Original - Chart

Photocopy - Patient

Northwest Community Hospital

Arlington Heights, IL 60005

Form # 005,789-12/11-1-PS

You are urged to carefully follow these instructions. Following anesthesia you may experience lightheadedness, dizziness, and sleepiness.

# YOU MUST HAVE A RESPONSIBLE ADULT TO TAKE YOU HOME AND STAY WITH YOU FOR THE FIRST 24 HOURS.

| ACTIVITY:                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| the first 24 hours after surgery/procedure                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| NO operating of power/heavy equipment.                    | NO activities that require judgment decisions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| NO driving a motor vehicle.                               | DANO, work or school.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| REST at home. Limited activity as tolerated. No hear      | vv lifting.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| No weight bearing. □ Weight bearing as tolerated w        | ith crutches/walker/surgical shoe as discussed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Keep operative site elevated. (A) arm                     | ☐ May shower on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ☐ Fall prevention discussed.                              | ☐ May return to work on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| DIET:                                                     | LI May retain to work on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Clear liquids for 24 hours, then advance to soft diet the | han ragular diat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Resume normal diet Das tolerated Dafter                   | ien regular diet.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Do not drink alcoholic beverages including beer or w      | in for O.I. house                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                           | ine for 24 nours.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| MEDICATIONS: WORLD                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Pain medication containing codeline or other narcotics in | nay produce some loss of judgment and/or coordination. If                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| you are taking such medication, please adhere to the fo   | ollowing instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| po not drive a motor vehicle; operate power tools or      | machinery while taking this medication.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Do not drink alcoholic beverages (including beer and      | wine) while taking pain medication.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Medication reconciliation sheet discussed and given       | to patient.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| IMPORTANT: Call your physician promptly for the fo        | ollowing:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Signs of infection at operative area(s) and/or IV site:   | fever >101 or chills, pus or foul smelling drainage.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| redness or swelling at site, severe pain,                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                           | alpitations X New or unusual pain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Persistent nausea and vomiting Sash                       | Show a dispart ball                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| If your extremity looks pale or blue, becomes swoller     | or you feel a change in sensation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| If you are unable to contact your physician/surgeon       | and fact that your symptoms require a physicianic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| attention, call or go directly to the nearest emergen     | sy deportment or cell 044                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| GYNECOLOGY / UROLOGY                                      | cy department of can 911.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                           | alau fuu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| ☐ Avoid sexual intercourse as instructed by your physic   | an for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| □ No tampons, no douching, and no tub baths or swim       | ming as instructed by your physician for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| You may expect some vaginal bleeding, some abdor          | ninal cramping, and lower back pain.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| f unable to urinate within 6-8 hours after discharge,     | go to the Emergency Room.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| FOLLOW UP:                                                | 1. 110                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| all for an appointment to see Dr 10 ER (1)                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ☐ With Dr as follow                                       | vs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Call 911 or go directly to the nearest emergency          | v denartment for the following:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                           | remain alert.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| ADDITIONAL INSTRUCTIONS                                   | Territari dicit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                           | 1. Cha                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| dep moins on eller                                        | ate ( K) som . I has x24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                           | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| I have received and understand the above Instructions:    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                           | ignature RN Date 1910                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Guardian/Adult with Patient Signature Sont Unit           | bug Date 7/9/12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                           | Mandaman Complete Hands                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                           | Northwest Community Hospital                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| DULBERG ,PAUL R                                           | Northwest Community Day Surgery Center                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| /1265382 M 42 07/00/40                                    | Arlington Heights, IL 60005                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| DOB 03/19/1970 0001307026                                 | L REGIOU TOUR REPRESENTED TO THE CONTROL OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF TH |
| SAGERMAN, SCOTT D MD                                      | 14010DISR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| -                                                         | PATIENT DISCHARGE INSTRUCTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                           | for Diagnostic. Therapeutic or Surgical Procedures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

NCH Item # 27008

White Copy - Chart

Yeliow Copy - Patient

Form # 005,044-04/11-2-PS

| DATE:                                           | TIME:                                              |                                          |
|-------------------------------------------------|----------------------------------------------------|------------------------------------------|
| HISTORY AND PHYSICAL This patient was examined, | and "no change" has occurred in the patient's cond | lition along the triat                   |
| completed.                                      | The straings must occurred in the patient's cond   | ition since the history and physical was |
|                                                 |                                                    |                                          |
| PI                                              | ysician Signature                                  | M.D. / D.O.                              |
| Interval Changes:                               |                                                    |                                          |
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|                                                 |                                                    |                                          |
| Ph                                              | ysician Signature                                  | M.D. / D.O.                              |
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|                                                 |                                                    |                                          |

DULBERG ,PAUL R
71205382 M 42 07/09/12 E
DOB 03/19/1970 0001307925 E
SAGERMAN, SCOTT D MD

Northwest Community Hospital Northwest Community Day Surgery Center Arlington Heights, iL 60005



HISTORY AND PHYSICAL UPDATE NOTE

Form # 005.739-01/12-1-SD

NCH Item # 48027

NORTHWEST COMMUNITY HOSPITAL ARLINGTON HEIGHTS, ILLINOIS

MLS: 95331

DD: Mon Jul 09 11:20:41 2012 EST DT: Mon Jul 09 11:35:47 2012 EST

JN: 51400438

PREOPERATIVE HISTORY AND PHYSICAL

DATE OF ADMISSION: 07/09/2012 12:00 AM

CHIEF COMPLAINT/DETAILS OF PRESENT ILLNESS: The patient is a 42-year-old male being admitted for elective surgery for right ulnar nerve injury.

PAST MEDICAL HISTORY: Negative.

PAST SURGICAL HISTORY:

left ulnar nerve decompression - SS

FAMILY HISTORY: n/c - ss

ALLERGIES: None.

MEDICATIONS: Naproxen, tramadol and fluoxetine

SOCTAL HISTORY: Smoking history positive.

REVIEW OF SYSTEMS: Negative.

PHYSICAL EXAMINATION:

HEART AND LUNGS: Normal.

EXTREMITIES: The right elbow shows positive Tinel signs at the cubital tunnel with satisfactory range of motion. Scar is noted at the ulnar aspect of the midforearm from prior chainsaw accident with local sensitivity and tenderness. He indicates numbness in his ring and small fingers with gripping activities.

DIAGNOSTIC DATA: X-rays of the right forearm from June 20, 2011, are negative. The MRI of the right forearm from February of 2012 was unremarkable.

IMPRESSION: Right ulnar neuritis at the cubital tunnel and partial ulnar nerve injury right forearm.

PLAN: Right ulnar nerve decompression, possible transposition and neurolysis at the forearm. The surgery is scheduled under regional block anesthetic in day surgery. The patient understands the risks and benefits of surgery and the chance of complications, and he requests to proceed.

DULBERG, PAUL
071265382
0001307925
Room#:
Scott D Sagerman, MD
PREOPERATIVE HISTORY AND PHYSICAL Page 1 of 2 cc:

SS - Sagerman MD, Scott Tue Jul 31 12:24:16 CDT 2012

SS - Sagerman MD, Scott Fri Aug 24 13:15:32 CDT 2012

PREOPERATIVE HISTORY AND PHYSICAL, continued

NORTHWEST COMMUNITY HOSPITAL ARLINGTON HETGHTS, ILLINOIS

DULBERG, PAUL 071265382 0001307925 Room#: Scott D Sagerman, MD PREOPERATIVE HISTORY AND PHYSICAL Page 2 of 2

Authenticated by Scott Sagerman MD On 07/10/2012 11:58:23 AM

NORTHWEST COMMUNITY HOSPITAL ARLINGTON HEIGHTS, ILLINOIS

MLS:

DD: Mon Jul 09 11:20:41 2012 EST DT: Mon Jul 09 11:35:47 2012 EST

JN: 51400438

PREOPERATIVE HISTORY AND PHYSICAL

DATE OF ADMISSION: 07/09/2012 12:00 AM

CHIEF COMPLAINT/DETAILS OF PRESENT ILLNESS: The patient is a 42-year-old male being admitted for elective surgery for right ulnar nerve injury.

PAST MEDICAL HISTORY: Negative.

PAST SURGICAL HISTORY:

FAMILY HISTORY:

ALLERGIES: None.

MEDICATIONS : Naproxen, tramadol and fluoxetine

SOCIAL HISTORY: Smoking history positive.

REVIEW OF SYSTEMS: Negative.

PHYSICAL EXAMINATION:

HEART AND LUNGS: Normal.

EXTREMITIES: The right elbow shows positive Tinel signs at the cubital tunnel with satisfactory range of motion. Scar is noted at the ulnar aspect of the midforearm from prior chainsaw accident with local sensitivity and tenderness. He indicates numbness in his ring and small fingers with gripping activitles.

DIAGNOSTIC DATA: X-rays of the right forearm from June 20, 2011, are negative. The MRI of the right forearm from February of 2012 was unremarkable,

IMPRESSION: Right ulnar neuritis at the cubital tunnel and partial ulnar nerve injury right forearm.

PLAN: Right ulnar nerve decompression, possible transposition and neurolysis at the forearm. The surgery is scheduled under regional block anesthetic in day surgery. The patient understands the risks and benefits of surgery and the chance of complications, and he requests to proceed.

DULBERG, PAUL 071265382 0001307925 Room#: Scott D Sagerman, MD PREOPERATIVE HISTORY AND PHYSICAL Page 1 of 2 CC:

PREOPERATIVE HISTORY AND PHYSICAL, continued

NORTHWEST COMMUNITY HOSPITAL ARLINGTON HEIGHTS, ILLINOIS

DULBERG, PAUL 071265382 0001307925 Room#: Scott D Sagerman, MD PREOPERATIVE HISTORY AND PHYSICAL Page 2 of 2

Authenticated by Scott Sagerman MD On 07/10/2012 11:58:23 AM

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DATE: 7/9/2 TIME: FXPECTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ED PATIENT OUTCOME                                                                                                                                                                                                                                                                  |
| Patient/significant other verbalizes understanding of planned procedure.  Surgical consent signed Compliance with verbal or written instructions States in own words understanding of pre-procedure teaching  Patient demons acceptable level States in own pre-procedure teaching  Patient demons acceptable level States in own pre-procedure teaching  Patient demons acceptable level States in own pre-procedure teaching                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | etrates or verbalizes an of coping with anxiety. The words anxiety level of words coping needs propriate to situation of above)  Patient exhibits evidence of being prepared for the procedure in a safe and supportive environment.  Complies with activity restrictions of above) |
| IMMEDIATE PRE-PROCEDURE PATIENT ASSESSM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ENT CHART REVIEW                                                                                                                                                                                                                                                                    |
| ID bracelet on ALLERGIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Old Records Depresent completed                                                                                                                                                                                                                                                     |
| allerly pracelet ou                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ☐ H&P complete ☐ Advanced directives                                                                                                                                                                                                                                                |
| Scaled Weight: 76. kg Height 5 9 Last menses  Vital Signs: T 98. / □ oral □ axillary □ tympanic ☑                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Underline Test Ordered Check Box & Initial Results On Chart                                                                                                                                                                                                                         |
| NDC Since A SaOt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 100/2 CBC / with Diff Blood Glumes Of Palan                                                                                                                                                                                                                                         |
| Check/Folders/100/1/8/12 Last Vold / A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                     |
| Check Following and/or Remove: Impairments: 1945 S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                     |
| The development of the learning (right / left)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | LJ Coagulation Profile D EKG                                                                                                                                                                                                                                                        |
| dentures/partials   mobility   vision                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | D HIV DOTHER OF Abnormal Clabs Anes notified M.D. notified Comments Valt                                                                                                                                                                                                            |
| The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s |                                                                                                                                                                                                                                                                                     |
| ☐ hearing aid (right/left) ☐ Implants: ☐ none ☐ pa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | cemaker                                                                                                                                                                                                                                                                             |
| Ontreplaced Li 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ;D                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                     |
| Surgical side/site verified with patient/family/guardian.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                     |
| Surgical site location Night Maid RN Initials                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Bloody Orders:                                                                                                                                                                                                                                                                      |
| IV: Time: Solution: Gauge By: Will Time: Squitton: Gauge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Directed donor blood available                                                                                                                                                                                                                                                      |
| Rate: 174 By: April 201                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Type and crossmatch Number of units ordered                                                                                                                                                                                                                                         |
| IV:3 Time: Solution: Gauge: Site:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Nurses Notes: 1/10/12 - 13/0 - MASIATOLA                                                                                                                                                                                                                                            |
| Kate, By:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | - Will tokal ust well                                                                                                                                                                                                                                                               |
| Rre ps: ☐ enema ☐ foley catheter ☐ other☐ anti-embolism slockings ☐ SCD (☐ OR eware)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | - sugresters                                                                                                                                                                                                                                                                        |
| LI Hair clipped: timelocation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 8 0 -                                                                                                                                                                                                                                                                               |
| D Skin Prep; time location by_                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                     |
| Туре                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                     |
| Instructions: stay in bed, on carl or inchalr side rails crutch/cane walking deep breathing, coughing, leg exercises                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | up                                                                                                                                                                                                                                                                                  |
| ☐ PUA ☐ Incentive Spirometry — Ti pain scale ☐ CDM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                     |
| Li Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                     |
| Outpatients: NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                     |
| Confirm ride home, Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Intigate Signatures                                                                                                                                                                                                                                                                 |
| Phone #if not present Confirm adult supervision at home,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Initials Signatures Date                                                                                                                                                                                                                                                            |
| NameName                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                     |
| Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                     |
| - Sou                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | RN                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Northwest Community Hospital                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Northwest Community Day Surgery Center                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Arlington Heights, IL 60005                                                                                                                                                                                                                                                         |
| DULBERG ,PAUL R<br>71265382 M 42 07/09/12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ]                                                                                                                                                                                                                                                                                   |
| DOB 03/19/1970 0001307925                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1 5 4 0 0 P I 0 P                                                                                                                                                                                                                                                                   |
| SAGERMAN, SCOTT D MD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PRE-PROCEDURE PLAN OF CARE                                                                                                                                                                                                                                                          |
| NCH Item,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Form No. 005 015-12/09 1 50                                                                                                                                                                                                                                                         |

| Teaching Addience | ☑ Patient □ | Family/Significant O | Other Phon | e Interview |  | erson |
|-------------------|-------------|----------------------|------------|-------------|--|-------|
|-------------------|-------------|----------------------|------------|-------------|--|-------|

Purpose: To educate the patient in preparation for their procedure.

#### **Expected Outcomes**

|            | The patient will verbalize the planned procedure.                                                                                 |
|------------|-----------------------------------------------------------------------------------------------------------------------------------|
|            | The patient will arrive on day of surgery safely prepared for procedure and anesthesia.                                           |
| <b>111</b> | The patient will be aware that discharge instructions will be given to them and their family or significant other upon discharge. |

## **Individual Needs Assessment**

| Patient                                        | Family/Significant Other         |  |  |  |  |  |  |  |  |  |  |
|------------------------------------------------|----------------------------------|--|--|--|--|--|--|--|--|--|--|
| □ Language □ Vision                            | ☐ Language ☐ Vision              |  |  |  |  |  |  |  |  |  |  |
| ☐ Hearing ☐ Physical Limitations               | ☐ Hearing ☐ Physical Limitations |  |  |  |  |  |  |  |  |  |  |
| ☐ Cognitive ☐ None                             | ☐ Cognitive ☐ None               |  |  |  |  |  |  |  |  |  |  |
|                                                |                                  |  |  |  |  |  |  |  |  |  |  |
|                                                |                                  |  |  |  |  |  |  |  |  |  |  |
| □ Comment                                      |                                  |  |  |  |  |  |  |  |  |  |  |
|                                                |                                  |  |  |  |  |  |  |  |  |  |  |
|                                                |                                  |  |  |  |  |  |  |  |  |  |  |
| Readiness to learn is evidenced by:            |                                  |  |  |  |  |  |  |  |  |  |  |
| ☐ Asking questions ☐ Verbalization of treatme  | nt plan                          |  |  |  |  |  |  |  |  |  |  |
|                                                |                                  |  |  |  |  |  |  |  |  |  |  |
| Patient preference for learning:               |                                  |  |  |  |  |  |  |  |  |  |  |
| والمراجعت                                      | material                         |  |  |  |  |  |  |  |  |  |  |
|                                                | demonstration                    |  |  |  |  |  |  |  |  |  |  |
| ☐ Video (if available) ☐ Other _               |                                  |  |  |  |  |  |  |  |  |  |  |
| Togghing P                                     | Dian and Mataria                 |  |  |  |  |  |  |  |  |  |  |
| Discussed Provided                             | Plan and Material                |  |  |  |  |  |  |  |  |  |  |
| D00 B                                          | Discussed Provided               |  |  |  |  |  |  |  |  |  |  |
|                                                | Pre Operative Instructions       |  |  |  |  |  |  |  |  |  |  |
| <b>A</b> • • • • • • • • • • • • • • • • • • • | Pain Management                  |  |  |  |  |  |  |  |  |  |  |
| <del>_</del> _                                 | Herbal/Dietary Supplement        |  |  |  |  |  |  |  |  |  |  |
|                                                | Peripheral Nerve Block           |  |  |  |  |  |  |  |  |  |  |
|                                                | Crutch Walking                   |  |  |  |  |  |  |  |  |  |  |
| Jan 1401 Illiarested                           | Smoking Cessation                |  |  |  |  |  |  |  |  |  |  |
| □ Other                                        |                                  |  |  |  |  |  |  |  |  |  |  |
|                                                |                                  |  |  |  |  |  |  |  |  |  |  |

RN Signature:

Maralande

\_ Date/Time\_

6/26/12

DULBERG ,PAUL R 71265382 M 42 07/09/12 DOB 03/19/1970 0001307925 SAGERMAN, SCOTT D MD

NCH Item # 64479

Northwest Community Hospital
Northwest Community Day Surgery Center
Adlington Heights, IL 60005



PRE-SURGICAL TEACHING NEEDS ASSESSMENT

Form # 005.867-08/10-1-SD

| Northwest Community Hospital<br>800 W. Central Rd.                                                                                       |                                              | vest Comm<br>Kirchoff Rd                           |         | Day S                      | urgery Cer     | nter Mon        |
|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------|---------|----------------------------|----------------|-----------------|
| Arlington Heights, IL, 60005                                                                                                             | Arlingt                                      | on Heights, I<br>8.7080                            |         | 0005                       | Due            | Lberg, O        |
| Entrance # 2<br>North Elevator to 2nd Floor                                                                                              |                                              | rce # 3                                            |         | ۲                          | 1 orday        | pare            |
| Date of Procedure                                                                                                                        | Date o                                       | f Procedure                                        | 7       | 9                          | 7190           |                 |
| Onbetween 2:00-7:00PM                                                                                                                    | Time o                                       | f Procedure                                        |         | .50                        | 200            |                 |
| Call 847.618.7244 for arrival time                                                                                                       |                                              | f Arrival                                          | (       | :30                        | 1200           |                 |
| Beginning at midnight prior to surgery, do not eat or drin                                                                               | k anything                                   | including wa                                       | ter ca  | andy m                     | nts or gum     |                 |
| No solid food after midnight before surgery.                                                                                             | in anything                                  | molading wa                                        | .0., 00 | ario <b>y</b> , 111        | into, or gain. |                 |
| ☐ Clear liquids until and then                                                                                                           | nothing by                                   | mouth after th                                     | nat tin | ne.                        |                |                 |
| Continue to take all of your routine medications up until taking any blood thinning medications like Aspirin, NSAI supplements/Vitamins. | the night be<br>IDS (Motrin                  | efore surgery.<br>®, Advil®, Ale                   | Che     | ck with<br>, Couma         | adin®, Plavix  | ®, or Herbal    |
| If not allergic, you may take the following acceptable pair                                                                              | n medicatio                                  | ns (e.g. Tylen                                     | ol®, A  | cetamir                    | ophen, Vicod   | din®, etc.)     |
| On the day of surgery, take the following inhalers and/o                                                                                 | r medicatio                                  | ns with a sma                                      | all sip | of wate                    | r              |                 |
| bands/body plercings. Wear loose, comfortable clothes  Bring on the day of surgery if applicable:  Photo ID & Insurance Card             | ons/inhalers  Hearin  Laborator  ney for Hea | s □ Gla:<br>ig Aids □<br>y/X-ray resul<br>althcare | sses v  | with Cas<br>ysician (<br>G | se<br>Orders   | tions to        |
| Report any signs of illness/infection/respiratory sympto-<br>your surgery.                                                               | ms to your                                   | surgeon. You<br>_                                  | ı may   | need to                    | reschedule     |                 |
| Name of responsible adult to drive you home after the                                                                                    | procedure_                                   |                                                    | Zan     | COLLE                      |                | <del></del>     |
| Name of responsible adult to stay with you overnight at                                                                                  | fter your pro                                | ocedure                                            |         | rane                       | nb             |                 |
| Patient/Significant Other Signature                                                                                                      |                                              |                                                    |         |                            | Date           |                 |
| RN Signature Wowalan Saft                                                                                                                | 7                                            |                                                    | Date/T  | īme                        | ulre           | 112             |
| Phone Interview                                                                                                                          |                                              |                                                    |         |                            |                |                 |
|                                                                                                                                          | Northwest (<br>Arlington Heights,            | ommunity Hos                                       | pital   |                            |                |                 |
| DIU BERG PAUL R                                                                                                                          | wilding verilist                             | RE 60003                                           |         |                            |                |                 |
| 71265382 M 42 07/09/12<br>DOB 03/19/1970 0001307925<br>SAGERMAN SCOTT D MD                                                               |                                              | PRE-OPE                                            | RATIV   | •                          | RUCTIONS       |                 |
| NCH Item # 26675<br>White Copy (CI                                                                                                       | ıart) Yellov                                 | · (Patient)                                        |         |                            | Form # 005.    | .033-08/10-2-SD |

| DIAGNOSIS PER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | SURGEO             |                    | -, -        | ~~          |          | <u> </u>                                      |          | لك        |                |                 |           |         | <u>-</u>           | <u> </u>       | <u>~</u>                                       | -        | <u> </u> | <u> </u> |        |                | NOTES:                                       | 35===>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| TIME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | IY 1.              | IV;                | 15.         |             | 14       | ا                                             | ~_~      |           |                | *****           | ~ د       | _       |                    | C              |                                                | +        |          | •        |        | <del></del>    | - Va 5: 14:11                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ANESTHETIC AG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ENTS               |                    |             |             |          | 口台                                            |          | П         | 1              | <i>6</i>        | 11        | $\top$  | П                  | ۲              | Τ-                                             | ГТ       | 42       |          | П      | 77             | ع سن د                                       | the levicion of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of th |
| NSO (INW)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                    | -11         |             | 1        |                                               | -1       | 14        | 7              | =               | H         | 7       |                    | П              | T                                              |          | 17       | #        | $\Box$ | 11             | Vent 12                                      | Fr. tout                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| PHYSICAL STATUS: 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 160                | 1-1-               | H           | ╌╂╼╁        | _        | Н                                             | +        | ╁         | +-             | ╟╂              | ╅┪        | ╫       | ╁╂╌                | ╂┽             |                                                | ╁┼       | ╫        | -        | ╂      |                | ENDOTRACHEAY TUBE                            | SUSTAINEO TET, PÅES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| D-PATIENT ASSESSMENTIONART                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 20                 |                    |             | Щ           |          |                                               | Π.       |           | 士              |                 |           |         |                    | $\Box$         |                                                | ロ        | 1        |          |        |                |                                              | STATUS PACU:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| DI MASAL CANNULA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <u> </u>           | <del>      -</del> |             |             |          |                                               | -        | 11        | +              | <del>  </del> - | ╁┼        | +       | ╂┈┼┈               | H              |                                                | H        | ╌┤╌┤     |          | ₩      | ┥┥             | MONITORS  TYPE LOCATION                      | D DROWSY D UNSTA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| TECHNIQUE: [] G                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                    |             |             |          | .,                                            |          |           |                | -/-             |           |         |                    |                |                                                |          |          |          |        |                | POST-OP PAIN BLOCK                           | SP02: R:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| OPERATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <del>* - }</del>   | MAC                |             | <u> </u>    | HEC      | NOIE                                          | AL (1    | YP        | E;             | <u>بر ل</u>     | 41        | 4       | ٤1,                | 11. 4          | <u>, (, , , , , , , , , , , , , , , , , , </u> |          | 91       | · //     |        | <u></u>        | CI OTHER                                     | - 10つ 100/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| Anesthesiologist   Pi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | INT NAME           | 1                  |             | 1           | <u>~</u> | س ب                                           |          |           | - 3            | SIGN            | IATU      | RE:     |                    | 1              | a                                              | 2        |          |          |        |                | ANESTHESIA ENDED                             | 1/1/2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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Item # 01038

**ANESTHESIA RECORD** 

Form # 005.095 - 05/04 - 2 - S&D

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| SAGERMAN, SCOTT D MD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                       | . • • •                                          |              |
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## **ANESTHESIA PRE-OPERATIVE HEALTH HISTORY ASSESSMENT** & PHYSICAL EXAM

DULBERG , PAUL R 71265382 M 42 07/09/12 DOB 03/19/1970 0001307925 SAGERMAN, SCOTT D MD

NCH Item # 32132

**Northwest Community Hospital Northwest Community Day Surgery Center** 

Arlington Heights, IL 60005

**ANESTHESIA PRE-OPERATIVE HEALTH** HISTORY ASSESSMENT AND PHYSICAL EXAM Form # 002.018-02/11-1-SD

|                | Please Print: Patient's full name:                                 | Paul                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                          |                                                                   | ulber<br>last                           | (OF . BM                                                                                                                                                                                                   | ata: 6/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 26/12.                                |
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|                | Age: 42 Sex: Male                                                  | first                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | middle init<br>ted helght:                                                                               | for 4                                                             | last                                    | late '                                                                                                                                                                                                     | 21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 4.4                                   |
|                | Home phone: ()                                                     | - <del>*</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | A                                                                                                        | Work phone; (                                                     | weignt;                                 | (2)11(                                                                                                                                                                                                     | "-DDS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | =240                                  |
|                | Primary care physician:<br>Specialist:                             | _(// Sor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                          |                                                                   | Pho                                     | ne #:                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |
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|                | ALLERGIES: None [                                                  | Yes (include food & la                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | itex, list; if yes, des                                                                                  | cribe reaction)                                                   | <del></del>                             |                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | · · · · · · · · · · · · · · · · · · · |
|                | MEDICAL / HEALTH HISTORY                                           | given by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | patient                                                                                                  | obtained by                                                       | La                                      |                                                                                                                                                                                                            | person .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | -∐*Phone                              |
| ERATIVE HEALTH |                                                                    | 17.   18.   19.   20.   21.   22.   23.   24.   25.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   26.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27.   27. | Liver disease/cirr<br>Kidney disease/d<br>Peripheral vascular/a<br>Stroke<br>Selzures<br>Motion Sickness | eke hernia hosis lalysis rtarial disease                          | 29. 30. 31. 31. 32. 33. 34. 35. 36. 36. | Cancer Blood Clots/disord Blood Clots/disord Bruises easily Arthrilis DJD Reckback pein Glaucoma Infectious Disease MRSA, VRE) Malignant Hyperth Self Fami Any Anesthesia c Self Fami Other Illness/injury | rock. (C-Diff, Hivermia ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications ly complications |                                       |
| Ģ              | SURGERY TYPE                                                       | DAT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | E OF SURGERY TY                                                                                          | PE OF ANESTHESIA                                                  |                                         | ANESTHESIA PR                                                                                                                                                                                              | OBLEMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |
| L)             | (P) Left-Venor M                                                   | Jerne Transpo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | return 1040                                                                                              | ago. Hen.                                                         |                                         | enta                                                                                                                                                                                                       | ODLLING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ····                                  |
| 靣              | 3.                                                                 | <u>U</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                          |                                                                   |                                         |                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |
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|                | 6.<br>7.                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                          |                                                                   |                                         |                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |
|                | Aspirin; NSAIDS (Motrin/Advil),                                    | Coumadin, Plavix, Oti                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ner blood thinners?                                                                                      | € No Yes                                                          | Last                                    | taken: NOA                                                                                                                                                                                                 | 16110                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 11 +                                  |
|                | Steroid use in the last 6 months  Do you smoke? \tag{Y} No \tag{Y} | ? No Yes es # packs/day?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | # years smok                                                                                             | +0.187                                                            |                                         | 7,427                                                                                                                                                                                                      | Los                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Tuelou                                |
|                | Do you drink alcoholic beverage                                    | s? No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes How mu                                                                                               |                                                                   |                                         |                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del>-</del> (/                       |
|                | Do you use recreational drugs?                                     | . No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ☐ Yes How mu                                                                                             | ich every day/weel                                                | k?                                      |                                                                                                                                                                                                            | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                       |
|                | Females: could you be pregna<br>Did you donate blood for surger    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                          | last menstrual per                                                | iod:                                    |                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |
|                | Patient/Guardian Signature:                                        | I Page 10 No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Yes Number                                                                                               | of units                                                          |                                         | 1.,51                                                                                                                                                                                                      | 7/9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | /                                     |
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| Physician Signatur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | e:                           | Date: Time:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| and record reviewed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              | 79/12 19:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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| DOB 03/19/1970 0001307925 SAGERMAN, SCOTT D MD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ANECTUECE                    | A ACCECCAMENT O DUVOJOA I PVA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| or octavitati osseri s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                              | ETED BY ANESTHESIOLOGIST ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | DOSE                     | ROUTE                                  | FREQUENCY                                     | LAST DOSE<br>TAKEN                      |
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| Advance Directives                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                                        |                                               |                                         |
| Yes Bring copy day of surgery Carelink Validated No Form malled/to be given day of surgery                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                        |                                               |                                         |
| Not interested                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          | -                                      |                                               |                                         |
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| OATE / TIME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                        |                                               |                                         |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                                        |                                               |                                         |
| Dest Anesthesia Evaluation Note for Outpatients Blood Pressure and pulse returned to baseline Cardiovascular function/hydration status stable Respiratory function stable; airway patient; O2 saturation returned to baseline Dest Anesthesia Evaluation Note for Inpatients ardiopulmonary status returned to baseline: Evel of consciousness returned to baseline: Complications occuring during post-anesthesia recovered; patient participates in evaluations to be provided the status recovered; patient participates in evaluations. | Mental s Nausea Pain cor | and vomiting control satisfactory  yes | l; patient participate<br>entrol satisfactory | es in evaluati                          |
| otes:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                        |                                               |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                                        |                                               |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                                        |                                               |                                         |
| nysician Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          | Date                                   | 9(15 Time _                                   | 11:2                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Northwest Comm           | · · · · · · · · · · · · · · · · · · ·  |                                               |                                         |
| DULBERG ,PAUL R 71265382 M 42 07/09/12 DOB 03/19/1970 0001307925 SAGERMAN, SCOTT D MD                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          | iunity Day Surgery<br>L 60005          | Center                                        |                                         |
| CH Item # 32132                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                                        | Farm #0                                       | 02.018 <b>-02/11-1</b> -                |

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| Date:_                                                                                                             | 7-                                | -9-1              | Roor                        | η Number:         | /                                     | Allergi     | es:                              | lone              |                              | sition Verifie<br>rect Patieni |                | <b>%</b>                                        |              |
| Report                                                                                                             | received                          | from              |                             | BURN              |                                       |             | at /3/                           | 8                 | Agr                          | eement Pro                     | ocedure 🤇      | <b>A</b>                                        |              |
| 1 1                                                                                                                |                                   |                   |                             |                   |                                       |             |                                  |                   |                              | rrect Site / S<br>rrect Implan |                | Y (NA)                                          |              |
| Check                                                                                                              | identity:                         | Band              | 1 MConse                    | ent An            | XISTY LO                              | Vel: ALMIIC | LIMOG                            | erate LIS         |                              | ibiotics Giv                   |                | Y (NA)                                          |              |
| TYPE                                                                                                               | OF BLOCI                          | K: \$€            | ight 🛘 Le                   |                   |                                       | Continuou   |                                  |                   |                              |                                |                |                                                 |              |
| ☐ Inter                                                                                                            | rscalene                          | 🗱 Śupn            | aclavicular                 | □ Jnfracla        | avicular I                            | □ Axillary  | ☐ Femo                           | ral 🗆 Soje        | itic 🗆 Lumbar p              | olexus 🗆 P                     | opliteal E     | ] tap                                           |              |
| ☐ Othe                                                                                                             |                                   |                   |                             | $\mathcal{D}_{i}$ | 711                                   | 10.         | $\mathcal{M}_{n}$ .              | D                 |                              |                                | 2              |                                                 |              |
|                                                                                                                    |                                   |                   |                             | RE KI             |                                       | enu         | Jen                              | 20 /V/            | conque                       | scor                           | ana            |                                                 |              |
|                                                                                                                    |                                   |                   | <del></del>                 | Yeuse             |                                       |             |                                  | arm               | D IN A SAFE                  | NID SI IBB                     | OPTIVE 6       | NO/IDONIME                                      | -<br>NT      |
| Anesth                                                                                                             | EDURAL *                          | TEAM (            | aame, title,<br>> / /U ¶/-/ | relief time)      |                                       | nitials F   | Pro                              | per body ali      | gnment for self              | and proced                     | lure maint     | eined                                           | , , ,        |
|                                                                                                                    |                                   |                   |                             |                   |                                       | -           |                                  |                   | nvironment<br>ure and reassu | re patient                     |                |                                                 |              |
| Nurse:                                                                                                             | 111.                              | 160               | 37286                       | PU                | p                                     | 12          | Skin                             | integrity m       | alntained                    | o pasoni                       |                |                                                 |              |
| Sideralis elevated  Patient is free from extraneous objects                                                        |                                   |                   |                             |                   |                                       |             |                                  |                   |                              |                                |                |                                                 |              |
| PATIENT POSITION:  Supine Dright Lateral Prone Sitting Wother Planket Roll behind Right Shoulder SKIN PREPARATION: |                                   |                   |                             |                   |                                       |             |                                  |                   |                              |                                |                |                                                 |              |
|                                                                                                                    |                                   |                   |                             |                   |                                       |             | KANPI                            | 1 ROCK            | - CHURD                      | aya &                          | moner          |                                                 |              |
| ☐ Bet                                                                                                              | adine <b>(</b> )<br>P <b>MENT</b> | )Chlorep          | rep 🗆 Ott                   | 101               |                                       | bу_         | 52                               |                   | O₂ per Nas                   | el Cannula                     | at             | _L/min                                          |              |
| <b>∆</b> Cstin                                                                                                     | nuplex 'I                         | Ultras            | ound 🗆 C                    | Other             |                                       |             |                                  |                   |                              |                                |                |                                                 |              |
|                                                                                                                    | SIGNS:                            | ,<br>  .,_        | 1                           | O <sub>2</sub>    | RESP                                  | IRATORY     | 1                                | 201.00            | MEC                          | DICATIONS                      |                | PATIENT                                         | $\neg$       |
| TIME                                                                                                               | B/P                               | HR                | Rhythm                      | SAT%              | RATE                                  | DEPTH       | LOC                              | COLOR             | TYPE                         | DOSE                           | ROUTE          | RESPONSE                                        | =            |
| 1398                                                                                                               | 102/03                            | 54                | 160                         | 10020             | 18                                    | R           | A                                | 2                 |                              |                                |                | 15-                                             | $\dashv$     |
| 1400                                                                                                               | 117/67                            | 52                | NSR                         | 96                | 16                                    | 12          | A                                | 2                 | FENTANY                      | - SORRE                        | 生              | 6                                               | $\dashv$     |
| 1401                                                                                                               | 103/62                            |                   | NSR                         | 900               | 14                                    | R           | \$                               | 2                 | <                            |                                |                | c                                               |              |
| 1421                                                                                                               | 103/50                            | 66                | NSK                         | 98                | 12-                                   | 12          | S                                | 2                 |                              |                                | <del></del>    | e                                               | _            |
| 1431                                                                                                               | 110/58                            | 48                | NSIZ                        | 98                | 13                                    | R           | 5_                               | 2                 |                              |                                |                | -                                               |              |
| 1441                                                                                                               | 112/56                            | 46                | NSE                         | 29                | 14                                    | 12_         | <u>  s</u>                       | 2                 | <u> </u>                     |                                | <del> </del>   |                                                 | $\dashv$     |
| <del></del>                                                                                                        | 1                                 | -                 |                             |                   | · · · · · · · · · · · · · · · · · · · |             | <del></del>                      |                   |                              |                                |                | ***************************************         | ゴ            |
|                                                                                                                    |                                   |                   |                             |                   |                                       |             |                                  |                   |                              |                                |                |                                                 | $\Box$       |
| ļ                                                                                                                  |                                   |                   |                             |                   |                                       | <u> </u>    |                                  |                   |                              |                                |                |                                                 |              |
| KEY:                                                                                                               | Color:                            | 1                 |                             | RESP R            | Regular                               | LOC         | A=Awake                          | 1                 | PATIENT: A=A                 | inxious/                       | G:             | <br>=Grimacing                                  |              |
| 2                                                                                                                  | =Pink<br>=Changes                 | in skin co        | ondition                    | Depth I=          | rregular<br>Shallow                   |             | S=Sleepy<br>NReNot F             | gnibnoqseS        |                              | shensive<br>m/Comfortab        |                | ≐Moaning<br>=Restless                           |              |
| - (1                                                                                                               | pale,jaundi                       | ce,flushed        | d)                          | L≃                | Labored                               |             | 4                                | .cuponang         | co=c                         | ombative                       |                | T=Stetes Pain                                   |              |
| NAR                                                                                                                | RATIVE:                           | P.                | extreme pall                | Tel Du            | readu                                 | u nel       | 1 su                             | lety si           | ecution                      | 4 944                          | en Xi          | pt, Wa                                          | 111          |
| pare                                                                                                               | Slow E                            | beth              | Blank                       | ots. Mi           | THE !                                 | POLITED.    | tell 1                           | usitu             | my way                       | 10000000                       | r to llage     | <u>UR SOCROTIO</u><br>H <del>O IN S</del> OVRES | K181         |
| Time                                                                                                               | Patient ~                         | 177               | Pro                         | cedure            | Proce                                 | adure ///   |                                  |                   |                              | 0                              |                | pubs +                                          | o DX         |
| in roo                                                                                                             |                                   | 1/30/             | start                       | 15                | end                                   | -1-4/4-     | _ DRES                           | SINGS: L          | Bandaid □ 1<br>Nope □ 0      | egaderm<br>Other               |                |                                                 | _            |
| Time<br>OR re                                                                                                      |                                   | ranferred         | d to://4/4                  | dition:           | Anh                                   | lo          | . /Renor                         | t given to:∕_     | M- Wast                      | L'ALL DV                       | MS             |                                                 |              |
|                                                                                                                    |                                   | /                 |                             |                   |                                       |             |                                  | · giroit ac       | S. J. Floods                 | - A                            | <del></del>    |                                                 | •            |
| RNIni                                                                                                              |                                   | Signat            | 'S SIGNA                    | TURE              | <u>, S</u> -                          |             | RNIn                             | itials Sid        | nature                       |                                | <del>-/-</del> |                                                 | =-1          |
|                                                                                                                    | 11/2                              | UM                |                             | W                 |                                       | ,           |                                  | itudio Oi         | J. O. C.                     |                                |                |                                                 |              |
| ************                                                                                                       | 7                                 |                   |                             |                   |                                       | l N         | orthwes                          | t Commu           | ity Hospital                 |                                |                |                                                 |              |
|                                                                                                                    | DUI HE                            | EKG ,PA           |                             |                   |                                       | No          | rthwest Commi<br>Ington Heights, | inity Day Surgery | Center                       | į SEmple: "                    | dat ijezi ener | ALL BELAN (8/204 04/10)                         | ii) 10 01    |
|                                                                                                                    | 712653                            | 382 N             | VI 42                       | 07/09/12          |                                       | ] ***       | មើសរ មេសិយ្យ។                    | 16 0000J          |                              |                                |                |                                                 |              |
|                                                                                                                    |                                   | 03/19/1<br>RMAN S | 970 000<br>SCOTT D          | 1307925 5<br>MD 5 |                                       |             |                                  |                   |                              | 1 HILL 1                       | 1 5 1          | O A N E                                         | AK 1881<br>: |
|                                                                                                                    |                                   |                   |                             | 1410              |                                       |             |                                  |                   | GIONAL BLOC                  |                                |                |                                                 |              |
| NCH II                                                                                                             | em # 5806                         | a.                |                             |                   | White -                               | Chart Yell  | PRE Allow - Depar                |                   | PROCEDURE A                  |                                |                | I OF CARE<br>5.811-04/11-2-                     | PS           |
|                                                                                                                    |                                   | •                 |                             |                   |                                       | · 101       | wopai                            |                   |                              |                                |                |                                                 |              |

| Do you have known Sieep Apnea?                                        |                                        |                  |
|-----------------------------------------------------------------------|----------------------------------------|------------------|
| ☐ Yes (complete section A only) ☐ No (complete section A only)        | ete sections B only                    | <b>/</b> )       |
| A. Diagnosed Sleep Apnea                                              | •                                      | •                |
| Do you have a CPAP machine?  [                                        | □ Yes                                  | □ No             |
| 2. Do you know your pressure settings?                                | ⊐ Yes                                  |                  |
| 3. Who supplies your equipment?                                       | <del> </del>                           |                  |
| 4. How many hours/night do you wear your CPAP?                        | >                                      | <del></del>      |
| Patients with a CPAP machine should bring the unit                    | for use during hos                     | pital stav.      |
| B. Screening:                                                         | ·                                      | •                |
| Do you snore?                                                         | ☐ Yes                                  | No               |
| Are you excessively tired during the day?                             | ☐ Yes                                  | No No            |
| Have you been told you stop breathing during sleep                    |                                        | No No            |
| Do you have a history of hypertension?                                | □ Yes                                  | √□ No<br>√□ No   |
| Do you wake during the night feeling breathless?                      | □ Yes                                  | ∠⊒ No            |
| Comments:                                                             |                                        | JE 140           |
| To be completed by NCH Staff                                          |                                        |                  |
| C. Results                                                            | Calculation of F                       | BMI = 24.4       |
| A positive screening for sleep disordered breathing is                | s one or more of t                     | he following:    |
| 1. A "YES" response in section A                                      |                                        | ne lonowing.     |
| 2. A "YES" response to 3 or more of the screening of                  | auestions                              |                  |
| 3. BMI > 35 and "YES" response to one additional s                    | screening question                     | 1                |
|                                                                       |                                        | •                |
| PLEASE CIRCLE THE FINAL RESULT:                                       | Negative                               | Positive         |
| Results of this screening are not diagnostic. Formal evaluation is re | equired for diagnosis.                 |                  |
| Notify physician of positive screening or history of s                | sleep apnea.                           | ,                |
| RN Signature:                                                         | Date:                                  | 2/26/12.         |
| See Preoperative Health History Assessment and Ex                     | cam for additional                     | orders/comments. |
| Reviewing Physician Signature:                                        | Date:                                  | 6/26/11          |
| Northwe                                                               | est Community Hosp                     | oltal            |
| Arlington h                                                           | est Community Day<br>Heights, IL 60005 | Surgery Center   |

DULBERG ,PAUL R 71265382 M 42 07/09/12 DOB 03/19/1970 0001307925 SAGERMAN, SCOTT D MD

NCH Item # 53718



**OBSTRUCTIVE SLEEP APNEA SCREENING** 

Form # 005.761-08/09-1-PS

| Allergies: NKA                                                         |                                        |                                                                                       | Date: 07-89-19                                            |                                       |
|------------------------------------------------------------------------|----------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------------------|---------------------------------------|
| Pre-Operative RN confirms                                              |                                        | Pre-Induction RN/A                                                                    |                                                           | <del></del>                           |
| 四 ID Band w/2 Identifiers 户 Prod                                       | andural Consent                        |                                                                                       |                                                           |                                       |
| l — <del>-</del>                                                       |                                        |                                                                                       | entity, and signed consen                                 | ı l                                   |
| 1                                                                      | anesthesia assessment                  |                                                                                       | Latex Precautions ZFNA                                    | i                                     |
|                                                                        | P DNR ZHNA                             | Difficult airway/As                                                                   | piration risk/Preparation of                              | confirmed                             |
| ☐ Diagnostic test results; Æ-NA                                        |                                        | RN Confirm                                                                            |                                                           | į                                     |
| ☐ Type/Screen ☐ NA ☐ Blood ava                                         | ilable units:ばNA                       | VTE prophylaxis                                                                       |                                                           |                                       |
| Equipment/Implant avail;  NA                                           |                                        | AN-DA                                                                                 |                                                           |                                       |
| Pre-op antibiotic ordered I NA                                         | = 100,ation = 2011                     | · -                                                                                   | Hose/PlexiPulse                                           | 1                                     |
|                                                                        |                                        |                                                                                       |                                                           | 1                                     |
| ☐ VTE Prophylaxis order ☑ NA                                           | <b>–</b> –                             | Left/Right                                                                            |                                                           | i                                     |
| Level of Consciousness:  Responsive                                    |                                        |                                                                                       |                                                           | i                                     |
| Anxiety Level;  Mild  Moderate                                         |                                        | Medication Medication                                                                 | on given                                                  | 1                                     |
| Skin Condition: Antact Other Report From M. Zice Le                    |                                        | RN/Scrub Confirm                                                                      |                                                           |                                       |
| Report From Miliary                                                    | inter 1880                             | Chemical Indicate                                                                     | ors Verified                                              |                                       |
| Transferred to OR per ☐ Cart ☑ ☐ - E                                   |                                        | /                                                                                     | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                   |                                       |
| ☐ Ambulated ☐ Carried By                                               |                                        |                                                                                       |                                                           | i                                     |
| Pre-Incision   Team reviews:                                           | Time Out #1 at                         | 1502                                                                                  | Time Out #2 at                                            |                                       |
|                                                                        | Correct Patient                        | Z-Yes                                                                                 | Time Out #2 at                                            |                                       |
| Team Introductions                                                     | Correct Procedure                      | Z-Yes                                                                                 | ☐ Yes                                                     | [                                     |
| Allergies                                                              |                                        | •                                                                                     | · - <del>-</del>                                          |                                       |
| Anticipated blood loss D NA                                            | Correct Site                           | Ø-Yes                                                                                 | Yes                                                       |                                       |
| Blood products availableunits                                          | Site/Side Marked                       | ☑ Yes □ NA                                                                            |                                                           |                                       |
| Plan of Care discussed                                                 | Implants available                     | Yes □ NA                                                                              |                                                           |                                       |
| ☐ Imaging Displayed/☑NA                                                | Position verified                      |                                                                                       | ☐ Yes                                                     |                                       |
| Skin prep dry per manufacturer's                                       | Antiblotic given                       | Z☐-Yes ☐ NA                                                                           |                                                           |                                       |
| guldeline                                                              | Redose orde                            | ered 🛘 Yes 🗘 NA                                                                       | ☐ Yes ☐ NA                                                |                                       |
| Other                                                                  |                                        |                                                                                       |                                                           | 1                                     |
|                                                                        |                                        |                                                                                       |                                                           |                                       |
| Preoperative diagnosis 765                                             | HT WWAN                                | · NEURITI                                                                             | SATIFE (                                                  | cersi44L                              |
| TUNNIEL AND DA                                                         | erial weln.                            | an nexue                                                                              | ENTELLE RELL                                              | Text ex                               |
| Operative Procedure 1: Right                                           | · III Alaa a                           | INDUST FOR                                                                            | 1000 0 102574                                             |                                       |
| NEUROLYCIS 19T 12                                                      |                                        | 14-14                                                                                 |                                                           |                                       |
| - CURDYUS 1907 12                                                      | DEDIFFER                               |                                                                                       |                                                           | <del></del>                           |
|                                                                        |                                        | <del></del>                                                                           | Start Stop                                                |                                       |
| Operative Procedure 2:   NA                                            |                                        |                                                                                       |                                                           | 77-                                   |
| +                                                                      |                                        |                                                                                       |                                                           |                                       |
|                                                                        |                                        |                                                                                       |                                                           | · · ·                                 |
|                                                                        |                                        |                                                                                       | Start Stop                                                |                                       |
| Post operative diagnosis: ☐ Same as                                    | s preoperative                         |                                                                                       |                                                           |                                       |
| . Oot operative diagnosis. 🖂 Daine at                                  | s preoperative                         |                                                                                       |                                                           |                                       |
|                                                                        | 4-1                                    |                                                                                       |                                                           | · · · · · · · · · · · · · · · · · · · |
|                                                                        |                                        |                                                                                       | <del></del>                                               | <del></del>                           |
| OR Number Anesthesia (                                                 | Circle) General b                      | lac Local Consed                                                                      | ☑ Scheduled Ac                                            | uity#3_                               |
| Regional (Ty                                                           |                                        | BLOCK                                                                                 | 1                                                         | A# 2                                  |
|                                                                        | F = /                                  |                                                                                       | 1 —                                                       | /\T                                   |
|                                                                        | ************************************** |                                                                                       | ☐ Emergency                                               |                                       |
| ORIN 1443 Case                                                         | Start 1504                             | Family Notified                                                                       | Family Notified                                           |                                       |
|                                                                        |                                        | Family Notified                                                                       | Family Notified                                           |                                       |
| OR Out 10/3   Case                                                     | Stop / G/97X                           | j. militiy i todilod                                                                  |                                                           |                                       |
| OR Out 16/3 Case                                                       |                                        |                                                                                       |                                                           |                                       |
| OR Out 16/3 Case                                                       | Noi                                    | rthwest Community Hospi                                                               |                                                           | 5                                     |
|                                                                        | Noi<br>Noi                             | rthwest Community Hospi<br>rthwest Community Day S                                    |                                                           | 5                                     |
| DULBERG ,PAUL R<br>71265382 M 42 07/09/12                              | Noi Noi Arling                         | rthwest Community Hospi                                                               |                                                           |                                       |
| DULBERG ,PAUL R<br>71265382 M 42 07/09/12<br>DOB 03/19/1970 0001307925 | Noi Noi Arling                         | rthwest Community Hospi<br>rthwest Community Day S                                    |                                                           | 5                                     |
| DULBERG ,PAUL R                                                        | Noi Noi Arling                         | rthwest Community Hospi<br>rthwest Community Day S<br>ton Heights, IL 60005           | Surgery Center  3 1 2 6 7                                 | 5<br>1 0 R R                          |
| DULBERG ,PAUL R<br>71265382 M 42 07/09/12<br>DOB 03/19/1970 0001307925 | Noi Noi Arling                         | rthwest Community Hospi<br>rthwest Community Day S<br>too Heights, IL 60005           | Surgery Center  3 1 2 6 7  TING ROOM RECORD               | 5<br>1 0 R R                          |
| DULBERG ,PAUL R<br>71265382 M 42 07/09/12<br>DOB 03/19/1970 0001307925 | Nor Nor Arling                         | rthwest Community Hospi<br>rthwest Community Day S<br>ton Heights, IL 60005<br>OPERAT | Surgery Center  3 1 2 6 7  TING ROOM RECORD  PLAN OF CARE | 5<br>1 0 R R                          |

|                                                                                                                                                                                                                                 | 4                                     |                                                          |                                                                                                                                        |                                   | <u> </u>                         |                                                                                   |                   |  |  |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------|-----------------------------------------------------------------------------------|-------------------|--|--|--|--|--|--|
|                                                                                                                                                                                                                                 |                                       | )<br>                                                    |                                                                                                                                        |                                   | Date:                            | -                                                                                 | )<br>             |  |  |  |  |  |  |
| Summond DE S Section                                                                                                                                                                                                            |                                       | initial                                                  |                                                                                                                                        |                                   | initial                          | in out                                                                            | in out            |  |  |  |  |  |  |
| Surgeon 1 DK. S. SAYENT                                                                                                                                                                                                         | MAN                                   | m                                                        | Circulator 1 S. V.                                                                                                                     |                                   |                                  |                                                                                   |                   |  |  |  |  |  |  |
| Surgeon 2 DR Bla Foun                                                                                                                                                                                                           | 7 M                                   |                                                          | Circulator 2 /                                                                                                                         | 3e crow to                        | 24/                              |                                                                                   |                   |  |  |  |  |  |  |
| Assistant                                                                                                                                                                                                                       |                                       |                                                          | Circulator relief                                                                                                                      |                                   |                                  |                                                                                   |                   |  |  |  |  |  |  |
| Assistant                                                                                                                                                                                                                       |                                       |                                                          | Scrub 1 V. L.                                                                                                                          | WRG Re                            |                                  |                                                                                   |                   |  |  |  |  |  |  |
| Anesthesiologist 1 DR in                                                                                                                                                                                                        | S.H.                                  |                                                          | Scrub 2                                                                                                                                |                                   |                                  |                                                                                   |                   |  |  |  |  |  |  |
| Anesthesiologist 2                                                                                                                                                                                                              |                                       |                                                          | Scrub relief                                                                                                                           |                                   |                                  |                                                                                   |                   |  |  |  |  |  |  |
| Perfusionist/Cell Saver                                                                                                                                                                                                         |                                       |                                                          | Other                                                                                                                                  |                                   |                                  |                                                                                   |                   |  |  |  |  |  |  |
| Other                                                                                                                                                                                                                           |                                       |                                                          | Other                                                                                                                                  |                                   |                                  |                                                                                   |                   |  |  |  |  |  |  |
| Surgical Position: DE Supine D                                                                                                                                                                                                  | Pron                                  | e 🗆 Ja                                                   | ckknife   Sitting                                                                                                                      | ☐ Lithotomy                       | / 🗆 Lai                          | eral 🛭 Rig                                                                        | ht 🗆 Left         |  |  |  |  |  |  |
| Arm Secured on Armboard  ☐ Right  ☐ Left                                                                                                                                                                                        |                                       | rm at Sec<br>□ Ri                                        | ured Side<br>ight 🔲 Left                                                                                                               | ☐ Fluroscop ☐ Patient st          | y 🔲 Fl                           | uroscan 🔲<br>ation                                                                | X-Ray             |  |  |  |  |  |  |
| Check all those that apply Andrews Frame Arthroscopy leg holder Left/Rig Axillary Roll Left/Right Beach chair positioner Bean Bag Elbow Pads Left/Right Fracture Table Hand table Head butler Head support Heel Pads Left/Right |                                       | ☐ Laters ☐ Mayfi ☐ Montr ☐ Pillow ☐ Positi ☐ Sand ☐ Shou | y Rest  al Arm Holder Left/Right  al positioner  cid Head Holder  eal Positioner  S  Warming/Cooling Interventions  Forced Air Warming |                                   |                                  |                                                                                   |                   |  |  |  |  |  |  |
| Skin Preparation  Betadine: 10% 5%  Other:                                                                                                                                                                                      | <b>2</b>                              | HG<br>:hloroprep<br>By:                                  | Duraprep [                                                                                                                             | Hair Removal: ☐ None              | K.SS.                            | Bean                                                                              |                   |  |  |  |  |  |  |
| Item Locations BP Cuff △ Safety Strap = ESU Pad □ Monitor Leads ○ Tourniquet + Pulse Oximeter ←                                                                                                                                 | S S S S S S S S S S S S S S S S S S S | Bipolar /S Coag Standard Cut Biend                       | ☐ Standard ☐ Spray  Cut ☐ Blend ☐ Pure ☐ Blend ☐ Pure                                                                                  |                                   |                                  |                                                                                   |                   |  |  |  |  |  |  |
| Prep //// Reddened R Bruise B Decubiti D                                                                                                                                                                                        |                                       |                                                          | # <u>8 007</u> lr                                                                                                                      | nflated @ <u>タシジ</u><br>nflated @ | <u>&gt;</u> Deflated<br>Deflated | Applied By: DL 5 >.  Deflated @ fel 5 Pressure 25 2  Deflated @ Pressure Pressure |                   |  |  |  |  |  |  |
| Anterior  Laser Protocol Followed, Jou                                                                                                                                                                                          | les                                   |                                                          | Additional equipm                                                                                                                      |                                   |                                  | Unit No                                                                           |                   |  |  |  |  |  |  |
| Laser Type Tim                                                                                                                                                                                                                  | e                                     |                                                          | Setting(s)                                                                                                                             |                                   | -                                | - Ont 140                                                                         |                   |  |  |  |  |  |  |
| DULBERG ,PAUL R 71265382 M 42 07/09/12 DOB 03/19/1970 0001307928 SAGERMAN, SCOTT D MD                                                                                                                                           | 2                                     |                                                          | Northwest Com                                                                                                                          | nmunity Hospital                  | gery Center                      |                                                                                   |                   |  |  |  |  |  |  |
| NCH Item # 25901                                                                                                                                                                                                                |                                       | White - C                                                | hart Yellow - Journel                                                                                                                  | AND F                             | PLAN OF                          |                                                                                   | NNS N17-12/41-2 S |  |  |  |  |  |  |

| Medications                                             | Dose                                         | Route         |                                                     | Time                                           | Administered By                              | Ventied: Initials                     |  |  |  |  |  |  |
|---------------------------------------------------------|----------------------------------------------|---------------|-----------------------------------------------------|------------------------------------------------|----------------------------------------------|---------------------------------------|--|--|--|--|--|--|
|                                                         |                                              |               |                                                     |                                                |                                              |                                       |  |  |  |  |  |  |
|                                                         |                                              |               |                                                     | ,,,                                            |                                              |                                       |  |  |  |  |  |  |
|                                                         |                                              | 1             |                                                     | -                                              |                                              | · · · · · · · · · · · · · · · · · · · |  |  |  |  |  |  |
|                                                         |                                              |               |                                                     | ***************************************        |                                              |                                       |  |  |  |  |  |  |
|                                                         |                                              | <del> </del>  |                                                     |                                                |                                              |                                       |  |  |  |  |  |  |
| leinte T.                                               | <u> </u>                                     | <b>A</b>      |                                                     | 1.61                                           |                                              |                                       |  |  |  |  |  |  |
| Irrigation Ty                                           | ·                                            | Amou          | nt                                                  | Warmed                                         |                                              | ·                                     |  |  |  |  |  |  |
| 1000 ml 92NA C                                          | - With                                       |               |                                                     | Yor 😡                                          | ,                                            |                                       |  |  |  |  |  |  |
| 50,000 BAC                                              |                                              |               |                                                     | Y or No                                        |                                              |                                       |  |  |  |  |  |  |
| Scrub Relief Meds Verified: In                          | itials                                       |               |                                                     |                                                | į                                            |                                       |  |  |  |  |  |  |
| Blood Products Given 🗷 No 🗆                             | Yes (See Transfusion                         | record)       |                                                     | Pathology (                                    | See Tissue Record) [X                        | NA                                    |  |  |  |  |  |  |
| Cultures                                                |                                              |               | 口                                                   | Implant (Se                                    | e implant Record) 💢                          | NA                                    |  |  |  |  |  |  |
| Α                                                       |                                              |               | Dra                                                 | ains                                           |                                              |                                       |  |  |  |  |  |  |
| В                                                       |                                              |               | Dra                                                 | ains                                           |                                              |                                       |  |  |  |  |  |  |
| С                                                       |                                              | <del>" </del> |                                                     |                                                | er: Type Size_                               | By                                    |  |  |  |  |  |  |
| D                                                       |                                              |               | 1                                                   | ount                                           | Color Source                                 | Time                                  |  |  |  |  |  |  |
|                                                         |                                              |               | ☐ Indwelling ☐ Volded prior to OR ☐ Discontinued at |                                                |                                              |                                       |  |  |  |  |  |  |
| Initial Court Bur 5 1/1                                 |                                              | 10/-          | 1                                                   |                                                |                                              |                                       |  |  |  |  |  |  |
| Initial Count By: Sn. VL                                |                                              |               |                                                     | lief By:                                       |                                              | BNVL                                  |  |  |  |  |  |  |
| SPONGE: A Completed INA                                 | Correct: ZEY LIN L                           |               | -                                                   | nect: 🗆 Y 🗀                                    |                                              | M D NA                                |  |  |  |  |  |  |
| ITEM: Completed INA                                     |                                              |               |                                                     | rrect: □ Y □<br>rrect: □ Y □                   |                                              | Y DN DNA                              |  |  |  |  |  |  |
| INSTRUMENT: Completed NA UNRESOLVED COUNT X-RA          |                                              |               |                                                     |                                                |                                              | IY ON LEKNA                           |  |  |  |  |  |  |
|                                                         |                                              |               |                                                     |                                                | <del></del>                                  | PER:                                  |  |  |  |  |  |  |
| DRESSING INONE & SOFTI                                  | □ PRESSURE □ CAS                             | T 🗆 SPLI      | ا NT<br>سر                                          |                                                | ZER DIBINDER LOCATION                        | N: KT HOM                             |  |  |  |  |  |  |
| PACKING:   NONE   LOCA                                  | ATION                                        | 27.1          | <del>5</del>                                        |                                                | U TYPE                                       |                                       |  |  |  |  |  |  |
| -OSt-Procedure   Team reviev                            | V:                                           |               |                                                     |                                                |                                              |                                       |  |  |  |  |  |  |
| ☑ Procedure(s) Confirmed ☐ Specimen(s) Identified and I | <u>a vy</u> ound Class cont<br>abeled Number | r of Special  | men                                                 | . III × 1                                      | □ NA                                         |                                       |  |  |  |  |  |  |
| Outcomes: Patient maintain                              | ed in a safe and sup                         | portive en    | Viron                                               | nment                                          | - IVA                                        |                                       |  |  |  |  |  |  |
| Z Aseptic techniqu                                      | e maintained                                 |               |                                                     |                                                |                                              |                                       |  |  |  |  |  |  |
| 风 Skin integrity ma<br>风 Body alignment i               |                                              |               |                                                     |                                                |                                              | 21/                                   |  |  |  |  |  |  |
| Concerns for recovery discu                             | issed                                        |               |                                                     | ر ب                                            | <i>**</i> ********************************** | وسم و                                 |  |  |  |  |  |  |
| Transferred to:                                         | <i>te</i> F                                  | teport Giv    | en t                                                | o: <u>#                                   </u> | A A WENDER                                   | y DR. Sing,                           |  |  |  |  |  |  |
| Notes                                                   |                                              |               |                                                     | <del></del>                                    |                                              | <i>,</i>                              |  |  |  |  |  |  |
| 70.00                                                   |                                              |               |                                                     |                                                |                                              | · · · · · · · · · · · · · · · · · · · |  |  |  |  |  |  |
|                                                         |                                              |               |                                                     |                                                |                                              |                                       |  |  |  |  |  |  |
| *                                                       |                                              |               |                                                     |                                                |                                              |                                       |  |  |  |  |  |  |
| ☐ See additional progress no                            | te 🗆 NA                                      |               |                                                     |                                                |                                              |                                       |  |  |  |  |  |  |
| RN Signature(s):                                        | - A                                          |               |                                                     |                                                | n .                                          | ate: 07/09/12                         |  |  |  |  |  |  |
|                                                         | arlen M.                                     | ·             |                                                     |                                                | ······································       | ace. 0/109/17                         |  |  |  |  |  |  |
|                                                         |                                              |               |                                                     | est Communi                                    |                                              |                                       |  |  |  |  |  |  |
| DULBERG ,PAUL R                                         |                                              | N C           | ofeti W<br>ofen Hel                                 | /est Communi<br>lahis, IL 60005                | ty Day Surgery Center                        |                                       |  |  |  |  |  |  |
| 71265382 M 42 (<br>DOB 03/19/1970 000 <sup>4</sup>      | 07/09/12<br>1307925                          |               |                                                     | · · · · · · · · · · · · · · · · · · ·          |                                              |                                       |  |  |  |  |  |  |
| SAGERMAN, SCOTT D                                       | MD =                                         | ļ             |                                                     |                                                |                                              |                                       |  |  |  |  |  |  |
|                                                         | e e                                          |               |                                                     | Ċ                                              | PERATING ROOM REC                            |                                       |  |  |  |  |  |  |
| NCH Item # 25901                                        | White ~                                      | Cherl ,       | 'alinu                                              | - Journal                                      | AND PLAN OF CARE PAGE 3 OF 3                 |                                       |  |  |  |  |  |  |
| · ············· ¬▼-▼1                                   | ***************************************      | <b>∵</b> 1    | WUIN                                                | - souther                                      | FAGE 3 OF 3                                  | Form # 005.017-12/11-2-5              |  |  |  |  |  |  |

NORTHWEST COMMUNITY HOSPITAL ARLINGTON HEIGHTS, ILLINOIS

DD: Mon Jul 09 17:36:30 2012 DT: Tue Jul 10 02:03:22 2012 EST

51418590

DSC OPERATIVE REPORT

DATE OF OPERATION: 07/09/2012

#### PREOPERATIVE DIAGNOSES:

Right cubital tunnel syndrome.

Right ulnar nerve injury at the forearm.

#### POSTOPERATIVE DIAGNOSES:

Right cubital tunnel syndrome.

Right ulnar nerve injury at the forearm.

#### PROCEDURES:

Right cubital tunnel release.

2. Right ulnar neurolysis at the forearm.

SURGEON: Scott Sagerman, MD.

: TMATEIRA Sam Biafora, MD.

ANESTHESIA: Regional block.

COMPLICATIONS: None.

TOURNIQUET TIME: 1 hour.

FINDINGS: The right cubital tunnel showed thickening of the cubital tunnel ligament with scarring of the ulnar nerve to the floor of the cubital tunnel and local constriction. The nerve also appeared constricted at the flexor pronator aponeurosis at the distal aspect of the cubital tunnel. Also, a thick arcade of Struthers was present proximal to the cubital tunnel, though the ulnar nerve was not visibly constricted at this level.

The right forearm, the site of the previous chainsaw laceration revealed extension to the subcutaneous tissue and fascia overlying the flexor carpi ulnaris muscle. A piece of retained absorbable suture material was present. The muscle fibers were in intact. The ulnar nerve was intact beneath the muscle belly. There was no visible scarring around the ulnar nerve at this level.

DESCRIPTION OF PROCEDURE: Informed consent was obtained from the patient. Prophylactic IV antibiotic was given. He received medical clearance from his primary care physician. Regional block anesthetic was administered by the

DULBERG, PAUL 071265382 0001307925 Room#: Scott D Sagerman, MD DSC OPERATIVE REPORT Page 1 of 2 Sam Biafora, MD CC:

DSC OPERATIVE REPORT, continued

NORTHWEST COMMUNITY HOSPITAL

ARLINGTON HEIGHTS, ILLINOIS anesthesiologist in the right upper extremity. The right arm was prepped and draped sterilely. A sterile tourniquet was applied to the right upper arm, and it was elevated following exsanguination of the limb.

A longitudinal incision was made over the posteromedial aspect of the right elbow centered at the cubital tunnel. Under loupe magnification, the subcutaneous tissue was dissected. Superficial veins were ligated with bipolar cautery. A branch of the medial antebrachial cutaneous nerve was identified. This was gently retracted safely and protected. The fascia was incised proximal to the cubital tunnel, and the ulnar nerve was visualized. The cubital tunnel ligament was divided and completely released. The flexor pronator aponeurosis was also incised and released, and the nerve was dissected distally into the musculature where motor branches were identified. The release was then carried proximally, and the arcade of Struthers was divided and completely released. The ulnar nerve was inspected. The nerve was mobilized from adhesions with gentle blunt dissection. Nerve gliding was checked and found to be satisfactory. The ulnar nerve was stable at the cubital tunnel. The field was irrigated with antibiotic solution. The subcutaneous tissue was reapproximated with buried Vicryl sutures, and the skin edges were reapproximated with nylon sutures.

Attention was then directed to the forearm scar. A longitudinal incision was made over the ulnar aspect of the mid forearm centered at the site of the scar. Under loupe magnification, the subcutaneous tissue was dissected. The fascia was visualized. Superficial vein was ligated with bipolar cautery. The dermis was elevated off of the scarred fascia with blunt dissection. The retained suture material was removed. The muscle fibers were visualized and found to be in continuity. The ulnar nerve was exposed in the interval between the flexor digitorum and flexor carpi ulnaris muscle bellies. The nerve was dissected proximal and distal from the region of the laceration. The nerve was completely intact at this level with no visible scarring or adhesions. The field was irrigated with antibiotic solution. The subcutaneous tissue was reapproximated with buried Vicryl sutures, and the skin edges were reapproximated with nylon sutures.

A sterile bulky gauze dressing was applied. The tourniquet was deflated. Circulation returned to the right arm with normal capillary refill distally. The patient was transported to recovery in stable condition. He tolerated the procedure well. There were no complications. An arm sling was applied for protection.

DULBERG, PAUL 071265382 0001307925 Room#: Scott D Sagerman, MD DSC OPERATIVE REPORT Page 2 of 2 Sam Biafora, MD cc:

DULBERG, PAUL 071265382 0001307925 Room#: Scott D Sagerman, MD DSC OPERATIVE REPORT Page 2 of 2 CC: Sam Biafora, MD

Authenticated and Edited by Scott Sagerman MD On 7/10/12 11:58:39 AM

| Check or fill in appropriate areas/blanks. Write NA in Date of surgery Phone Number Alternate  Procedure Alternate  Procedure Alternate  Anesthesiologist/Radiologist  Anesthesia(circle one) General MAC Spinal Epidural Consciputions  Attempt to Call | Admitted to  Indicate the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state |
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| 1 <sup>st</sup>                                                                                                                                                                                                                                          | Patient  Patient representative as identified above  Left Message  Unable to Contact Patient  Patient representative as identified above  Left Message  Unable to Contact Patient  Patient representative as identified above Left Message  Unable to Contact                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                          | OUTCOMES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                          | 8-10 Severe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Pain level at  IV/Surgical Site condition WNL  Tolerating Diet  Urinating as usual  Minimal bleeding  Taking prescription meds as directed (Yes) No NA  Questions or concerns regarding Post-Sperative Care and Activity                                 | Physician notified of any issues Yes No NA Who notified/Action taken                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Perineural Local Anesthethetic  Alternate pain relief □ po meds □ IV meds  Site redness or swelling noted Yes No □ Site covered/dressing  Any unusual symptoms/problems Yes No Date Comment .                                                            | We would appreciate feedback on your surgical experience. If you receive a survey in the mail, we hope that you will take a moment to complete it.  Any comments/suggestions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Date   No Change                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Comment                                                                                                                                                                                                                                                  | Reminded/Advised to contact Physician:    Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any problems   Any probl |
| DULBERG ,PAUL R. 71265382 M 42 07/09/12 DOB 03/19/1970 0001307925 SAGERMAN, SCOTT D MD                                                                                                                                                                   | Northwest Community Hospital Northwest Community Day Surgery Center Arlington Heights, IL 60005  1 4 5 0 1 P A C U PATIENT POST-OPERATIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

NCH Item # 25014

PHONE ASSESSMENT

Form # 005.021-03/12-1-SD

| SKIN:  Color                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | CARDIO / VASCULAR / PERIPHERAL: Quality and Rhythm:                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| ☐ Rash ☐ Pressure Wound                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Radial pulse 12 Apical pulse 210gular                                                                |
| □ Patient denies problems □ Other Blood Blotter with                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | C) Edema                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Patient denies problems                                                                              |
| NEURO: My flager, 4 1 1 flager, 4 1 AV flager, 4 1 AV flager, 4 1 AV flager, 4 1 AV flager, 4 1 AV flager, 4 1 AV flager, 4 1 AV flager, 4 1 AV flager, 4 1 AV flager, 4 1 AV flager, 4 1 AV flager, 4 1 AV flager, 4 1 AV flager, 4 1 AV flager, 4 1 AV flager, 4 1 AV flager, 4 1 AV flager, 4 1 AV flager, 4 1 AV flager, 4 1 AV flager, 4 1 AV flager, 4 1 AV flager, 4 1 AV flager, 4 1 AV flager, 4 1 AV flager, 4 1 AV flager, 4 1 AV flager, 4 1 AV flager, 4 1 AV flager, 4 1 AV flager, 4 1 AV flager, 4 1 AV flager, 4 1 AV flager, 4 1 AV flager, 4 1 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV flager, 4 AV fl | GC Other                                                                                             |
| 1) Other pt c/o headacheo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | GASTROINTESTINAL:                                                                                    |
| O Pupils / Peria                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Abdomen soft                                                                                         |
| Patient Denies Problems                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Diet Server Date of last B.M. 7/2/12                                                                 |
| RESPIRATORY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ☐ Patient denies problems                                                                            |
| Lung Sounds: Right: ZI Clear Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Other                                                                                                |
| Left: 1 Clear Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | MUSCULAR / SKELETAL:                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☐ Impairments                                                                                        |
| ☐ Cough ☐ Dyspnea ☐ Wheezing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | D Positioning requirements                                                                           |
| Patient denies problems                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ☐ Patient denies problems                                                                            |
| Other suchal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | other At Cho minute and K ling                                                                       |
| GYNE (GU)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | PSYCH/EMOTIONAL: 40 MAN Jucal                                                                        |
| Patient denies problems                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | PSYCH / EMOTIONAL: 40 MAN JULIAN Demeanor appropriate 40 pungus                                      |
| Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | □ Other                                                                                              |
| PAIN ASSESSMENT:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Circle the pain scale used for Pain Intensity and Patient's Pain Goals:                              |
| 0-10 Faces 6-10 Numeric Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | U - Unable to Respond UW - Unwilling to Respond                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Vieviating Intervention* Patient's Factors (Medications (see Mar) and non-medication)                |
| 1230 Rue sharp 2/10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Zy of                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                      |
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| ANTICIPATED DISCHARGE NEEDS (Check All That Apply):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                      |
| THome TMOM Sub Acute                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                      |
| Thome Colored B Sub Acute D Home Healt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | th Agency                                                                                            |
| ☐ Rehab ☐ Hospice ☐ NHP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ☐ Other                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                      |
| RN Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 16 7/9/1A                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | forthwest Community Hospital<br>forthwest Community Day Surgery Center<br>riligion Heights, IL 50005 |
| DULBERG PAUL R 42 07/09/12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Wilholds Amandalan Again                                                                             |
| DULBERG PADE 42 07/09/12<br>71265382 M 42 07/09/12<br>71265382 M 0001307925<br>DOB 03/19/1970 0001307925                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NURSING ADMISSION ASSESSMENT .                                                                       |
| 71265382<br>DOB 03/19/1970 0001301<br>DOB 03/19/1970 MD<br>SAGERMAN, SCOTT D MD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                      |
| NCH Ilem No. 25666 (Backer)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                      |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                      |
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| DATE<br>/ TIME | POST-OPERATIVE OUTCOME OF PROCEDURE NOTE                                           | DATE<br>/TIME                                    | PRE-OPERATIVE ORDERS:                                 |
|----------------|------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------------------|
| 7/9            | SURGEON: Sagarman                                                                  |                                                  |                                                       |
| 2012           |                                                                                    | <b></b>                                          |                                                       |
|                | ASSISTANT: Biafra                                                                  |                                                  |                                                       |
|                |                                                                                    | <del>                                     </del> |                                                       |
|                |                                                                                    | 7/0                                              | 112 (1615)                                            |
|                | -                                                                                  | 1//                                              | 112 (1615)                                            |
|                | PREOPERATIVE DIAGNOSIS: Rug LA                                                     | <del> </del>                                     | LE STATUS OUTPATIENT:                                 |
|                | Cutal trace                                                                        | <del> </del> -                                   |                                                       |
|                | Anna a lateral                                                                     | <del> </del>                                     | DISPOSITION: (select one)                             |
|                | have in a                                                                          |                                                  | Discharge when criteria met with Post-Op Instructions |
|                | - The form                                                                         |                                                  | ☐ To Phase III Recovery forhours                      |
|                | POSTOPERATIVE DIAGNOSIS:                                                           |                                                  | Discharge when criteria met with Post-Op Instructions |
|                | POSTOPERATIVE DIAGNOSIS: Rume                                                      | 1                                                |                                                       |
| <u> </u>       |                                                                                    | 1                                                | Discharge Instructions:                               |
|                |                                                                                    | -                                                | Diet: Ryuly                                           |
|                |                                                                                    |                                                  | 0                                                     |
|                |                                                                                    |                                                  | 'Medications:                                         |
| ļ              | PROCEDURE PERFORMED: Ling lut                                                      |                                                  | DOCUMENT ON MEDICATION RECONCILIATION FORM            |
| <del></del>    | cuthl trund                                                                        |                                                  |                                                       |
|                | reliare, hundyre                                                                   |                                                  | Incision Care: Kup duy                                |
|                | Whome newe fream                                                                   |                                                  |                                                       |
|                |                                                                                    |                                                  |                                                       |
|                | FINDING / COMPLICATIONS: NA                                                        |                                                  | Activity: Number (R) ann                              |
|                |                                                                                    |                                                  | Slive X 240                                           |
|                | (nne)                                                                              |                                                  |                                                       |
|                |                                                                                    |                                                  | Follow-up: 1/42 7/12/12                               |
|                |                                                                                    |                                                  | 1/201/2                                               |
|                | SPECIMENS REMOVED:                                                                 |                                                  |                                                       |
|                |                                                                                    | 1                                                | Other:                                                |
|                |                                                                                    | <del>                                     </del> |                                                       |
|                |                                                                                    | <del>                                     </del> |                                                       |
|                | 4                                                                                  |                                                  | Disposition/condition on discharge; MAN               |
|                | ESTIMATED BLOOD LOSS: Non                                                          | +                                                | Disposition/continuon off discharge;                  |
|                |                                                                                    |                                                  | <del>// // // // // // // // // // // // // </del>    |
|                | Physician Signature                                                                |                                                  | 100                                                   |
|                |                                                                                    | <u> </u>                                         | Physician Signature:                                  |
|                |                                                                                    | Nort                                             | hwest Community Hospital                              |
|                |                                                                                    | Nort                                             | hwest Community-Day Surgery Center                    |
|                |                                                                                    | <br>  Ann                                        | gton-Heights, IL 60005                                |
| DULBE          | RG PAUL R 07/09/12                                                                 |                                                  |                                                       |
| 71265          | 382 M 42 07/09/12<br>382 M 0001307925<br>03/19/1970 0001307925<br>RMAN, SCOTT D MD |                                                  | 1 0 5 0 3 P R G N                                     |
| SAGE           | RMAN, SOO                                                                          |                                                  | OUTPATIENT PHYSICIAN POST OPERATIVE                   |
|                | EM # 5365                                                                          |                                                  | ORDERS / DISCHARGE NOTE                               |

DULBERG, PAUL R

| Directions: Check boxes to indicate a choice and select all t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | those that apply.                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| ALLERGIES: KOA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                   |
| GENERAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | MEDICAL ORDERS                                                                                                    |
| ☐ Bypass Phase I Recovery  OXYGEN THERAPY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                   |
| DNasal Cannula at 1 Iters per minute D-Wean to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | room air as tolerated □ High humidity face tentFIO2                                                               |
| □Pulse Oximetery: Wean patient to lower FiO2 of% a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | as long as SPO2 is greater than for 10min                                                                         |
| □Continue Oxygen overnight peratiiters. □Ventilator: TVFiO2% Rate:PS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | , DEED.                                                                                                           |
| Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ·                                                                                                                 |
| PAIN MANAGEMENT:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | order specified until the patient's pain score is an acceptable                                                   |
| level to the pt. Treatment Order                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                   |
| 1 2 3 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | _minutes PRN up to a total ofmcg.                                                                                 |
| 1 (2)3 4 — Morphine / mg IV every _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | minutes PRN pain up to total ofmg.                                                                                |
| 1 2 3 4 Hydromorphone (Dilaudid) 6 2 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | mg (v every minutes PRN pain up to mg.                                                                            |
| 1 2 3 4 Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | mg IV everyminutes PRN pain up tomg. IV everyminutes PRN pain up to a totalmg.  pain; infuse over 15 minutes IVPB |
| Acetaminophen (Oflrmev) / mg IV x 1 PRN p                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | pain; infuse over 15 minutes IVPB                                                                                 |
| ☐ Ketorolac (Toradol)mg IV x 1 dose<br>☐ Hydrocodone/Acetaminophen (Norco) 5/325mg po x 1 P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DN pain                                                                                                           |
| ANTIEMETICS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | KN pain                                                                                                           |
| Treatment Order                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                   |
| (1) 2 3 4 Ondansetron (Zofran) 4 mg IV x 1 PRI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | N nausea                                                                                                          |
| 1 2 3 4 Metoclopramide (Regian) 10 mg IV x                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1 PRN nausea                                                                                                      |
| 1 2 3 4 Metoclopramide (Regian) 10 mg IV x 1 2 3 4 Prochlorperazine (Compazine) 10 mg 1 2 3 4 Dendansetron (Zofran) ODT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | mg place on the tongue x 1 PRN nausea                                                                             |
| 1 2 3 4 Dexamethasone (Decadron) 10mg IV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | x 1 PRN for nausea                                                                                                |
| □ Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                   |
| OTHER MEDICATIONS:  -ET Meperidine 12.5 mg IV x 1 time as needed for shivering                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                   |
| U silvering                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                   |
| IV FLUID8:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                   |
| LR DD5LR DNS DOtherInfuse at                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ml/hour                                                                                                           |
| ☐ Give ml bolus x1 for SBP lower the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | an                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                   |
| STAT LABORATORY:  □ CBC (Without Diff) □ Metabolic Panel, Basic □ /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ARG D POC blood ducose D Cardiac Markers                                                                          |
| Other   Wetabolic Faller, Basic   1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ADO III OO blood gladood III duralod marialo                                                                      |
| RADIOLOGY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                   |
| ☐ PA Chest X-Ray Reason: ☐ ○                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ther                                                                                                              |
| CARDIAC DIAGNOSTICS:  □ 12 Lead ECG Reason: □ Centr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | al Telemetry □ Other                                                                                              |
| GENERAL MEDICAL ORDERS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | U1 10101110111                                                                                                    |
| ☐ Warming blanket for temperature less than <                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                   |
| ☐ Discharge to inpatient unit when PACILdischarge to: ☐ Phase II ☐ Home when d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | arge chiena are met                                                                                               |
| Provide Perineural Nerve Block discharge ins                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | structions sheet.                                                                                                 |
| Provide Obstructive Sleep Apnea Discharge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Instructions.                                                                                                     |
| Other_                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                   |
| Physician Signature: Date: 7/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 9/15 Time: 15:02 AM                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1 1020                                                                                                            |
| and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th | Northwest Community Hospital                                                                                      |
| - Surface Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of  | Northwest Community Hospital Day Surgery Center Arlington Heights, IL 60005                                       |
| DULBERG ,PAUL R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Attinguos noigno, it 00003                                                                                        |
| 71265382 M . 42 07/09/12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | T NADORO BURK ARKIN STOKK BOATH HOLDER HER SET HE SET HE SET HE SET HE SET HE SET HE SET HE SET HE SET HE SET HE  |
| DOB 03/19/1970 0001307925                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 104070RD                                                                                                          |
| SAGERMAN, SCOTT D MD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | POST ANESTHESIA CARE                                                                                              |
| NOV Nove # TO 4004                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PREPRINTED ORDERS                                                                                                 |
| NCH Item # E34391                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Form # 003.107-02/12-1-E                                                                                          |

| Paripheral Nerve Block (PNB) Procedure Note                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CPNB Administration Orders Post-Operatively                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| Allergies MONL KNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Pump continuous Peripheral Nerve Block                                                                                                                |
| Reason for Block: Primary Anesthesia Type  Post-op Pain Management Surgeon Request                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Fill with ml of%                                                                                                                                      |
| Block start time 1410 Block end time 141.14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ☐ Ropivacalne<br>☐ Mepivacalne                                                                                                                        |
| Blocks performed: . Left Right Single Continuous                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | C) Other                                                                                                                                              |
| Supraclavicular                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Rate ml/H  Bolus ml  Interval min  Initiated @ (time)  1. Nursing to instruct patient on use of the pain pump.                                        |
| Position:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2. Place post block peripheral caution sign at patient bed.                                                                                           |
| Prone Lateral Left Right Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 3. If lightheadedness, oversedation, tinnitus, metallic taste in the mouth or circumoral numbness occurs,                                             |
| Prep: Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | stop the infusion and notify anesthesiologist immediately.                                                                                            |
| Skin infiltration 1% Lidocaine mls                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <ol> <li>If redness, swelling, fever, purulent drainage occurs at the<br/>catheter site, immediately notify anesthesiologist on call.</li> </ol>      |
| Needle type: Nerve Response @:  Touhy Gauge mA Stimuplex Gauge mA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <ol><li>Maintain integrity of dressing. Reinforce if needed. If<br/>leakage occurs at the catheter site, reinforce with gauze<br/>and tape.</li></ol> |
| Catheter (if applicable):  Stimucath Perifix Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <ol><li>For breakthrough pain, call primary anesthesiologist, if<br/>not available, notify on-call anesthesiologist.</li></ol>                        |
| Test dose: 1.5% Lidocaine with Epinephrine mis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 7. For pump discontinuation consult surgeon.                                                                                                          |
| Secured on the skin @ cm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 8. Adjuvant pain meds:                                                                                                                                |
| Medication(s):  Bupivacaine  With Ephrephrine Volume (ml):  Ropivacaine  Wes No  Mepivacaine  Wes No  Xylocaine  Megivacaine  /5                                                                                                                                                   |
| Narrative: After negative aspiration, medications injected in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Aneštheslologist Signature                                                                                                                            |
| Complications: No Yes (please explain)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 7 19 1/2 14:16.  Date Time                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | · entre                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                       |
| الما                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                       |

DULBERG ,PAUL R
71265382 M 42 07/09/12
DOB 03/19/1970 0001307925
SAGERMAN, SCOTT D MD

NCH Item # E52182

Northwest Community Hospital

Adington Heights, 16. 60005



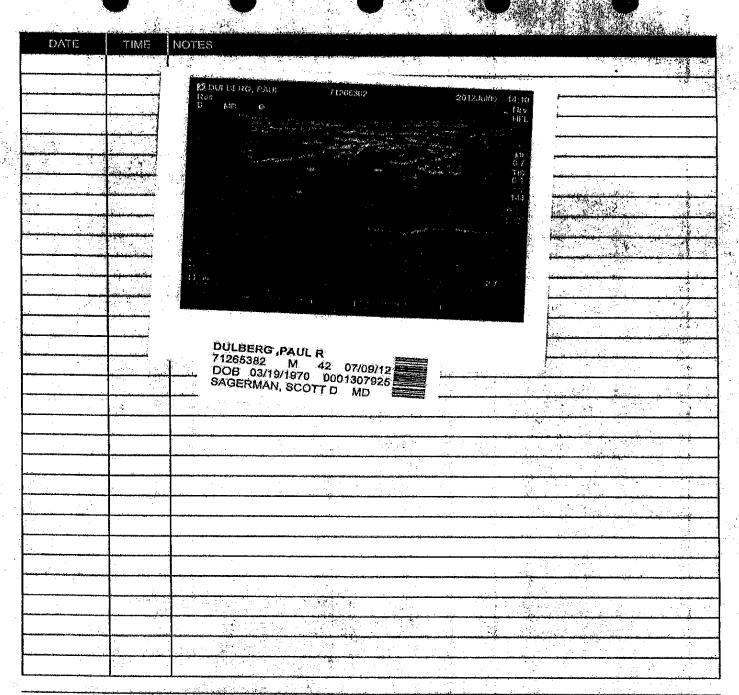
Procedural Note/Orders for Continuous Peripheral Nerve Block Infusion (CPNB)

Form No. 003,282-04/11-1-E

|                   | •                                          |                                             |                |                                                     |             |                                        |                                |                           |               |
|-------------------|--------------------------------------------|---------------------------------------------|----------------|-----------------------------------------------------|-------------|----------------------------------------|--------------------------------|---------------------------|---------------|
|                   | Fex                                        | Day Surgery<br>: 847.618.7068               |                | ☐ Main OR<br>Fex: 847.61                            | l<br>8.7259 | ☐ Le<br>Fax:                           | abor & Deliver<br>847.618.8409 | y                         |               |
| Αd                | imission Status:                           | Inpatient                                   | Q Outpati      | ent :                                               |             |                                        |                                |                           |               |
| Pa                | ıtlent Name:                               | inpatient<br>Sick Sagerman,                 | . PAUL         | _                                                   | DOB.        | 3/19/70                                | <b>Administra</b>              |                           | • 2           |
| Su<br>Re          | rgeon: Sc                                  | ott Sagerman,                               | M.D.           | Doctor respo                                        | naible for  | H&P:                                   | ivieoicare;                    | Eev C                     | <b>X</b> no   |
|                   | rgery Date:                                | II HOLY                                     |                | 19:                                                 | 7/S         | 1/512                                  |                                |                           |               |
| •                 | , ,                                        | * * * * * * * * * * * * * * * * * * *       | _              |                                                     | ·           | 10010                                  |                                |                           |               |
| TE                | STING:                                     | ek boxes indicate a ch                      |                | se that apply.<br>on/Dx                             |             |                                        |                                |                           |               |
|                   | Basic Meta<br>CBC/ with                    | bolic                                       |                | · · ·                                               | □ Pregn     | iancy - Sarum                          | Rea                            | xC\nose                   |               |
|                   | Comprehe                                   | Osive Metabolic                             |                | *                                                   | □ Pregn     | ancy - Urine<br>& Cross                |                                | -                         |               |
|                   |                                            | jam                                         |                |                                                     | □ Type :    | & Screen                               | ×                              | Units                     |               |
|                   | PT<br>PTT                                  | ,,                                          |                |                                                     | □ U/A (v    | Mith reflex)                           |                                |                           |               |
|                   | Other:                                     |                                             |                |                                                     | □ EKG       |                                        |                                |                           | <del></del>   |
| DIE               | T: D NPO eff<br>D Per ene                  | er midnight<br>sthesia order / nuid         | elines.        |                                                     |             |                                        | <del></del> -                  |                           | <del></del> , |
|                   |                                            |                                             |                |                                                     | · ·         | ,                                      | • •                            |                           |               |
|                   | MENT EDUÇAT<br>Continuous<br>Epidural      | 'ION PRE-OP:<br>Psripheral Nerve B          | ilock 📮        | POA Pump                                            |             | . (                                    | 3p.8                           | ' ) ',                    | ٠,            |
| TRE               | ATMENTS:                                   | 1                                           | L              | Single Inject                                       | on Blook    |                                        | , <b>u</b> -                   | -//                       | 1-1           |
|                   | Surgical Site                              | 9 Hair Removal                              | Location:      |                                                     |             | •                                      |                                | / <sub>^</sub>            | NAV           |
|                   | HIGHINIVA ST                               | irometry - Instruct                         | Ргеор          | her:                                                |             |                                        |                                |                           | 1911          |
| Ö                 | PROPHYLAXII<br>Graduated (<br>Intermittent | Compression Slocki<br>Pneumatic Compre      | 28101          | ☐ Knee                                              | (SCD)       | ☐ Thigh☐ Thigh(SCI                     | ).<br>D) [] Fo                 | ot (Plexipu               | July 1        |
| ©<br>MEC          | nA∷SNOFFADIG<br>Ane-ane: Vi                | tiblotic – order on<br>sthesia patients): _ | page 2         |                                                     |             |                                        | 4                              | •                         |               |
|                   | Other:                                     |                                             |                | ı                                                   | <u> </u>    |                                        | t on Dialysis                  |                           |               |
| CON<br>Obta       | •                                          | onsent for: Right                           | t ulras        | - New                                               | de          |                                        | d Weight:                      |                           | ·             |
|                   | respon                                     | return / A                                  | Verracy        | our a                                               | t/ for      | earn                                   |                                |                           |               |
| Proce             | adum includes s                            | Notes to dist                               |                |                                                     | / 0         |                                        |                                |                           |               |
| <sup>o</sup> hysi | iclan Signatura;                           | Risks, Bonefits, Com                        | Imory Complica | utionis and Alte                                    | matives ha  |                                        | sed with patie                 | nt / guardi               | an.           |
|                   |                                            |                                             | 0              | Page 1 of 2                                         |             | Date: 0/0                              | Time                           | ):                        |               |
|                   |                                            |                                             |                | Northwest Co<br>Northwest Co<br>Adhighm Heights, IL | minualty Do | ospital<br>sy Surgery Conter<br>  [11] | B 1915 COCK Dinin sina ri      | l Albii Bii Airein Lute c | TI (RE)       |
|                   | <b>DULBER</b><br>71265382                  |                                             |                |                                                     |             |                                        |                                |                           |               |
| NCH I             |                                            | /19/1970 00013079<br>IAN, SCOTT D MD        | 925            | FRE-SUR                                             | GICAL TE    | STING / PRE-O                          | PERATIVE C                     | PRDERS<br>1-02/12-1-SC    | )             |
|                   | 1.9                                        | £6 <b>+</b> 0                               | 9964+8         | BROCIULER                                           | GERY AS     | неир зак                               | 12:28PM                        | 3 SO1 S                   | չշ սոլ        |

DULBERG, PAUL R

Patient name: initial and repeat dose and times per "Perioperative Prophylactic Antibiotic Policy" MD aware of PCN allergy - ok to give antibiotics as ordered below Preoperative Antibiotic Regimen Alternative Regimen for pt with Nature of Operation IVPB X 1 dose OCOR Beta lactam allergy IVPB X 1 dose OCOR Colon Surgery - edult pt cefoxitin elindamyoin 900 mg AND gentamicin 1.5 mg / kg 1 gm for pt < 80 kg 2 gm for pt > 80 kg clindamyoln 900 mg AND ciprofloxacin 400 mg ampicitiin / sulbactem 3 gm clindamycin 900 mg AND levofloxacin 500 mg Cefazolin ☐ clindamycin 900 mg AND aztreonem 2 gm 1 gm for pt < 80 kg metronidazole 500 mg AND gentámicin 1.5 mg/kg 2 gm for pt ≥ 80 kg AND metronidazole 500 mg metronidazole 500 mg AND ciprofloxacin 400 mg o metronidazoie 500 mg AND levofloxacin 500 mg Hysterectorny - edult pt cefazolin olindamyoln 900 mg AND gentamidin 1.5 mg / kg 1 gm for pt < 60 kg alindamycin 900 mg AND alprofloxacin 400 mg 2 gm for pt ≥ 80 kg elindamyoin 900 mg AND tevofloxacin 500 mg cefaxitin 1 gm for pt < 80 kg metronidazoie 600 mg AND gentamich 1.5 mg / kg 2 gm for pt > BO kg metronidezois 500 mg AND diprofloxado 400 mg ampicilin / sulbactam 3 gm ☐ metronidazole 500 mg AND levofloxacin 500 mg For hystereotomy WITH colon procedure clindamycin 900 mg AND extreonem 2 gm. CABG - adult pt Cofazolin vancomycin Cardiac - adult pl 1 gm for pt < 80 kg 1 pm for pt < 80 kg 2 gm for pt ≥ 80 kg 1.5 gm for pt ≥ 80kg Vascular - adult pt □ vancomycin (MRSA risk) ☐ dindamydr. 900 mg Orthopedio - adult pt 1 gm for pt < 80 kg Hip onthroplasing 1.5 gm for pt ≥ 80kg Knee arthroplasty Other Procedures Common Regimens: Common Regimens: For procedures not listed above, consult published D ∠efazolin vancomyoin 1 gm for pt < 80 kg. 2 gm for pt > 80 kg 1 gm for pt < 80 kg 1.5 gm for pt <u>></u> 80kg guidelines for current procedure - specific ☐ vancomycin (MRSA Hsk) Cindamyoth 900 mg antibiotic 1 gm for pt < 80 kg recommendations 1.5 gm for pt <u>></u> 80kg Padiatric Procedures Common Regimens: Compton Regimens: consult published guidelines for current procedure -specific antibiotic cefazolin /ciindamycin 25 mg / kg\* for pt <40 kg 10 mg / kg \* for pt < 80 kg \*dose rounded to the nearest 50 mg recommendations 1 gm for pt 40 - 80 kg 2 gm for pt > 80 kg 800 mg for pt ≥ 80 kg om 08 teensen edf of bebruor scop oploxitin vancomycin 20 mg / kg \* for pt < 50 kg 30 mg / kg\* for pt <30 kg "dose rounded to the negreet 50 mg 1 gm for pt 30 - 80 kg 2 gm for pt ≥ 80 kg \*dose rounded to the neamet 50 mg 1 gm for pt 50 - 80 kg 1.5 gm for pt ≥ 80kg Other antibiotic(s) Physician signature Time Page 2 of 2 Northwest Community Hospital Northwest Community Day Surgery Center Arlington Heights, IL 60005 DULBERG, PAUL R 71265382 M 42 07/09/12 DOB 03/19/1970 0001307925 PRE-SURGICAL TESTING / PRE-OPERATIVE ORDERS NOH Hem SAGERMAN, SCOTT D MD Form# 003.121-02/12-1-80 2 · d 0479560433 HAND SURGERY ASSOCIATES Ann 29 2012 12:28PM



DULBERG PAUL R 71285382 M 42 07/09/12 DOB 03/19/1970 0001307926 SAGERMAN, SCOTT D MD

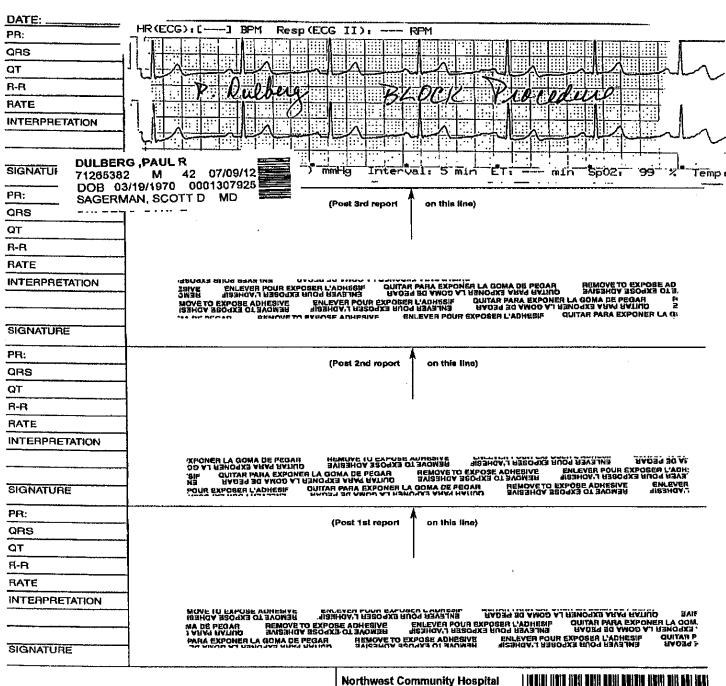
Northwest Community Hospital Arlington Heights, IL 60005

Scanned Radiology Reports

**PATIENT** 

Form # 005.858-06/10-1-SD

NCH Item # 64199



DULBERG ,PAUL R 71265382 M 42 07/09/12 DOB 03/19/1970 0001307925 SAGERMAN, SCOTT D MD

Arlington Heights, IL 50005

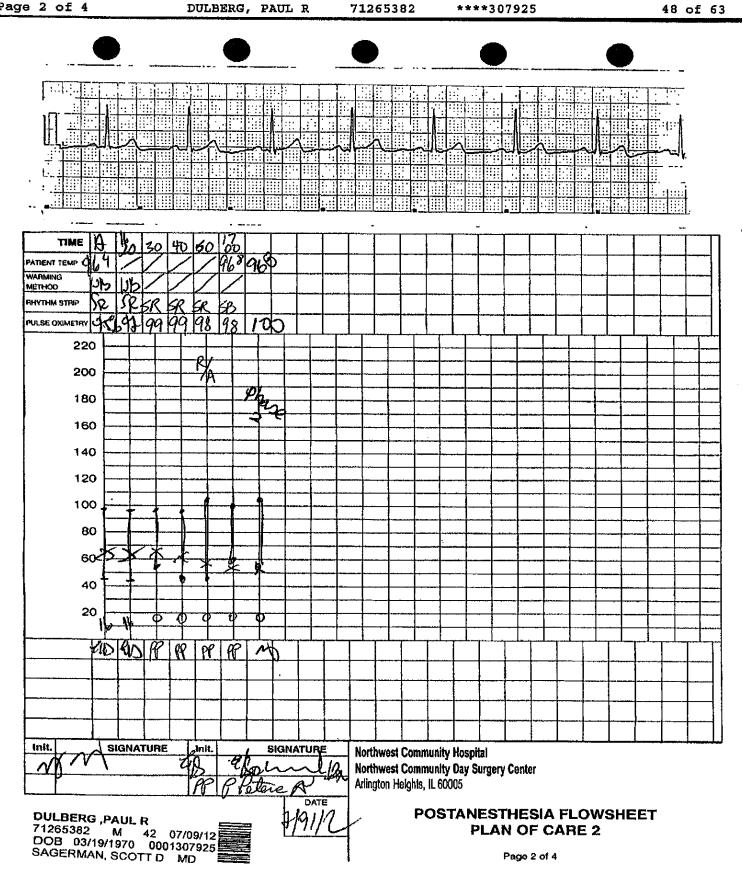


**ELECTROCARDIOGRAM TRACINGS** 

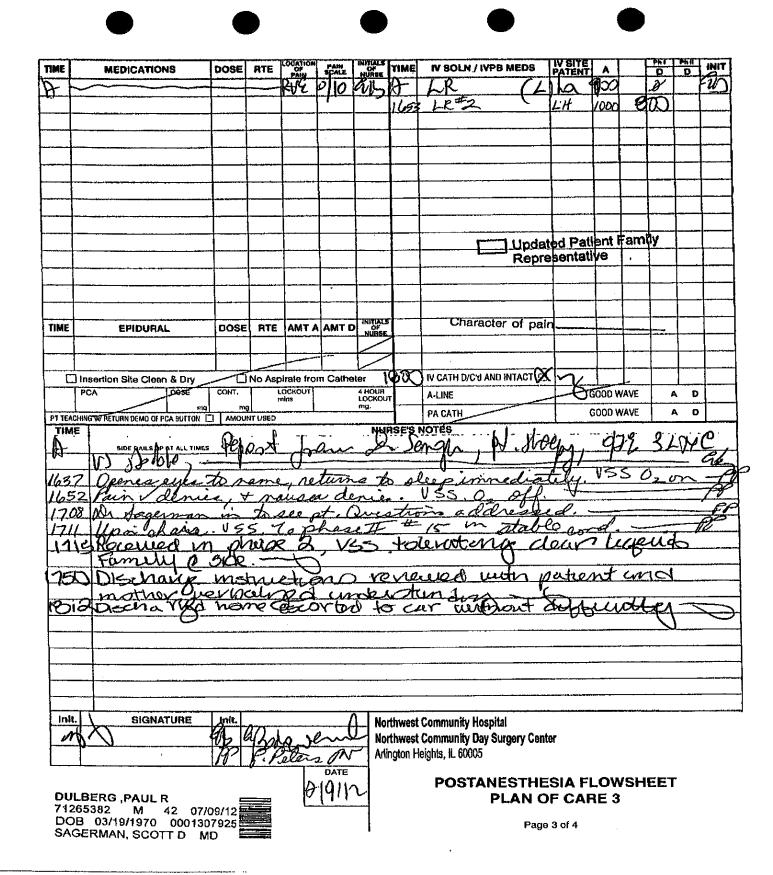
NCH Item #973

Form # 005.673-10/04-1-S&D

| PROCED                   | URE _                                                |                                   |                                                |              |               | ا م            |                          |                                          | 7        | ······································ |                                    |                                                                         |            | Т        |                         |            |          |                 |                        | 2 PC    | GEA            | ID.         |                 |                                                  |            |                       |
|--------------------------|------------------------------------------------------|-----------------------------------|------------------------------------------------|--------------|---------------|----------------|--------------------------|------------------------------------------|----------|----------------------------------------|------------------------------------|-------------------------------------------------------------------------|------------|----------|-------------------------|------------|----------|-----------------|------------------------|---------|----------------|-------------|-----------------|--------------------------------------------------|------------|-----------------------|
|                          | M                                                    | WY                                | XLIV                                           | L_(          | YU            | VO             | <del>کر</del> ا          | KW S                                     | <u>ر</u> | <u> </u>                               | СШ                                 | Lord                                                                    | yn.        |          |                         | .ow        |          | ۸ <u>-</u> ۸    |                        | = HE    | ART F          | WIE         |                 | LSES                                             |            |                       |
| <u>\ 0</u>               | at forlarm.                                          |                                   |                                                |              |               |                |                          |                                          |          |                                        |                                    | M ==<br>H == '                                                          |            |          | <b>V</b> = (            | INE Ō      |          |                 | ATIONS                 | +1      |                |             | NG              |                                                  |            |                       |
| ALLERG                   | ES                                                   | NXX                               | $\Delta$                                       |              |               |                |                          |                                          |          |                                        |                                    |                                                                         |            | _        | H = MIGH                |            |          |                 |                        |         |                |             |                 |                                                  |            |                       |
| MEDICA                   | L HISTOR                                             |                                   | -IJ<br>212                                     |              |               |                |                          | ·                                        | _        | •                                      |                                    | · · · -                                                                 |            | -        | ; = c<br>A = #<br>D = D | ADMIS      | SIO      | ¥               | i                      |         |                |             | + 4             |                                                  | OUN(       |                       |
| SUNGEO                   | N /                                                  | V(T                               | 2 1-1                                          | $\Delta x_1$ | AN            | IESTH          | ЕЅЮ                      | .OGIST (                                 | _        | · · · · · · · · //                     |                                    |                                                                         |            | $\dashv$ | - = 5                   | BEE NI     | JASI     | ES NOT          | TE\$                   |         |                | BC          | = BLC           | 300 C                                            | LOTS       | ;                     |
| AMERILI                  | ESIA (CIRI                                           | -1842                             | <u>1                                      </u> |              | 6             | tail           | <u> </u>                 |                                          | )        | C1/Y                                   | <u>~ 4</u>                         |                                                                         | _          |          | G =<br>C =              |            |          | ,               |                        | · CLC   |                |             | = Bile<br>= SER |                                                  | IGI JIN    | SUU6                  |
|                          |                                                      |                                   | GENE                                           |              |               | GIONA          |                          | MAC) SPI                                 | IN       | AL EP                                  | IDUR                               | Al,                                                                     | COCA)      |          |                         |            |          | ITENI           |                        | BLC     |                |             | = FRA           |                                                  |            |                       |
| AIR                      | VAY                                                  | [ ^ <b>]</b> D                    | RT M                                           | bortte       | FIO2          | ON             | OFF                      | REFLEXE                                  | S        | Time                                   |                                    | NG SND                                                                  | A          | D        | BE                      | D P        | oek      | lon             | Time                   | Ø       |                | SING        | A               | P46 1                                            | D) P       | J D                   |
| NONE                     |                                                      |                                   | CANNUI                                         | LA T         | 1             |                | 50                       | COUGH                                    | _        | 1637                                   | BIL.A<br>CLE                       | AR                                                                      | ~          | _        | FLA                     | T          |          |                 |                        | SITE    | •              | <u> 808</u> | 1               | <u> </u>                                         | ر ا        |                       |
| ORAL/ NA                 | ISAL                                                 |                                   | MASK                                           |              |               |                |                          | SWALLOW                                  |          |                                        |                                    | OLOR                                                                    | A          | D        | HOE                     | ↑ 30       | יכ       |                 | 1                      | ORY     | MNTAC          | CY          | 2               | <b> </b>                                         | /\         |                       |
| CHIN / JA                |                                                      |                                   | FACE 18                                        | ENT          |               |                |                          | LIFT HEAD                                |          |                                        | PINI                               |                                                                         | 1          |          | HOB                     | 1 1 4      | 5"       |                 | 1645                   |         | NFORC<br>INGED | EO /        |                 |                                                  |            |                       |
| ENCOTRA<br>ORAL / NA     | CHEAL<br>ISAL cm @                                   | D LIP                             | T-PIECE                                        | :            |               |                |                          | ENCOURAGE<br>DEEP ARE                    |          |                                        |                                    | INDICED                                                                 |            |          | 1                       |            |          |                 |                        |         | REMIT          |             | 1               |                                                  |            |                       |
| TIME OUT                 |                                                      |                                   |                                                |              |               |                |                          |                                          | â        |                                        | DUS                                |                                                                         |            |          | ╁                       |            |          |                 | ,                      | ICE     |                |             | 1-              | <del>                                     </del> |            |                       |
|                          |                                                      | VENT                              | LATOR                                          |              |               |                |                          | DRAINS                                   |          | Size / Mo                              | de                                 | Omg (                                                                   | :<br>Chara | cleri    | stics                   | Α          | P        | HT D            | PH II D                | E       | JUIP           | MENT        | A               | PH 1                                             | D PI       | ия D                  |
| Time                     | FIO2                                                 | Rate                              | Tidal<br>Vol                                   | PEE          | P             | Press.<br>Supp | fO                       | LEY                                      |          |                                        |                                    |                                                                         |            |          |                         |            |          |                 |                        | sc      | D'S / T        | EDS         | 1               | 1                                                |            |                       |
| <u> </u>                 |                                                      |                                   |                                                | Γ            | $\bot$        |                | NC                       | POSITION<br>VEHILICUBY<br>AIR BOX US     | _        |                                        |                                    |                                                                         |            |          |                         | Ĺ          | Ī        |                 |                        | EF      | CTRIC          | :00L        |                 |                                                  |            |                       |
| ļ                        |                                                      |                                   |                                                |              |               |                | J-                       | P / HEMOVAC                              |          |                                        | سسي                                |                                                                         |            |          |                         |            |          |                 |                        | PLI     | EXIPUL         | SE          | -               |                                                  |            |                       |
|                          |                                                      |                                   | <u> </u>                                       | <b></b>      | _             |                | CC                       | ONSTAVAC                                 |          |                                        |                                    |                                                                         |            |          |                         |            |          |                 |                        | SU.     | NG71           | BOMN        | SITE            |                                                  |            |                       |
|                          |                                                      | 1                                 | <u>.l</u>                                      | <u></u>      |               |                | CI                       | CEST THERE                               | L.       |                                        |                                    |                                                                         |            |          |                         | <u> </u>   | $\perp$  |                 |                        | TR      | ACTIO          | N           | SITC            |                                                  |            |                       |
| HESTI                    | RAINTS                                               |                                   |                                                | TIME         |               | 1              |                          | HER                                      |          |                                        |                                    |                                                                         | V          |          |                         |            | _        |                 |                        | οr      | HER            |             | SITE            |                                                  |            |                       |
| SURGI                    |                                                      | SCORE<br>EEDING                   |                                                |              | A             | D              | 1                        | ATIENT ÖL<br>POST-PRO                    | C        | EDURE                                  | - 19                               | EXTRE<br>CIRC. (                                                        |            | A        | Ft(                     | JE<br>10 P | h 14 C   | A               | [PhID]                 | Ph II D | A              | RLE         | 71 II D         | A                                                | PAID       | Ph 0 D                |
| (2) Mittens<br>(1) Moder | el dose not re<br>ata up lo iwo                      | cure deg di:<br>deg changes       | nrito.                                         |              | 2             | 2              | י בא <i>י</i>            | PATIENT WILL E<br>NBWAY AND GA           | XH<br>4s | IIBIT PATENT<br>EXCHANGE               | יַן                                | EMPERA!                                                                 | URE        | Np       | 1 /15                   | N          | m        |                 |                        |         |                |             |                 |                                                  |            |                       |
| (D) Reviere              | more than t                                          | hied ese char                     | MIPS                                           |              |               | 0              | CM                       | ATIENT WILL D                            | ŒΝ       | MONSTRATE                              | - C                                | COLOR                                                                   |            | PL       | لم                      | n p        | K        |                 |                        |         |                |             |                 |                                                  |            |                       |
| (2) Miranu               | A / VOI<br>of absence of<br>controlled by            | VANIO                             |                                                | 4            | ว ี           | 2              | ľt                       | CONSCIOUSNES<br>PROCEDURE                | S        | APPROP FOR                             | 1                                  | PULSE                                                                   |            | +        | 1                       | .          | f        | 1               |                        |         |                | -           |                 |                                                  |            |                       |
| (0) Uncon                | Linked N & V                                         | meas                              | T                                              |              | <u> </u>      |                | 25                       | PATIENT WILL E                           |          |                                        |                                    | APILL. R                                                                | EFILL      | 1        | -1                      | -  -       | 7        |                 |                        |         |                |             |                 | $\neg \uparrow$                                  |            |                       |
| PAIN                     | Pan / Mild                                           |                                   |                                                |              | 1             |                | CX                       | JEMODYNAMIC<br>PATIENT WILL E            | хн       | RBIT FLUID                             |                                    | SENSATIO                                                                | N          | 7        | 12                      | 5 7        | ,        |                 | 1                      |         |                |             | $\neg \neg$     |                                                  |            | ļ                     |
| (1) 3-6 De<br>(0) 7 10 F | scomlaring :<br>Karaka i Eko                         | / Distressing<br>Outleting        |                                                |              | }             | ויו            | l l                      | BALANCE WITH<br>LIMITS FOR SEL           | N I      | NORMAL<br>AND                          | 1                                  | MOBILITY                                                                |            | 7        | 10                      | 3 1        | W        | 16              |                        |         |                |             | 一               | $\dashv$                                         |            |                       |
|                          | LATION                                               |                                   |                                                |              |               | $\overline{}$  |                          | PROCEDURE<br>PATIENT MAINT:              | Air      | NS BOOY                                | Ė                                  |                                                                         |            |          |                         | _          |          | sco             | REI                    |         |                | ·           |                 | A                                                | 15         | D                     |
| f (1) Ambul              | y quel, No dic<br>elle with Asion<br>e llo Arribules | BLANCO                            | are transferan                                 | ve hevel     | {             | 1              |                          | TEMPERATURE<br>PARAMETERS F<br>PROCEDURE | W        | THIN                                   | F                                  | CONSCIO                                                                 | NSME       | SS       |                         |            |          | XLOWS<br>ROUSAI | COMMAN<br>BLF          | D3      |                |             |                 | }                                                | 1          | 2                     |
|                          |                                                      |                                   | TOTAL                                          | . ]          |               | 7              | الا⊟ا                    | ATIENT COMMI                             | UN       | HCATES THA                             | ıτ                                 | CIRCUI                                                                  | ATIC       | )N       | (2)                     | B,P 3      | 20m      | un OF P         | LASLESP.<br>REANESTH   |         |                | 102         | K.              | 3                                                | 2          | 15                    |
| <u> </u>                 | INTAK                                                |                                   |                                                | OUTP         | ŲŢ            |                | 1                        | TOLERABLE                                |          |                                        | (0) + 50mm OF PRIFAMESTHETICL EVEL |                                                                         |            |          |                         |            |          | ^               | 2                      |         |                |             |                 |                                                  |            |                       |
| OR NV/BI                 |                                                      | $\alpha$                          | OH / URINE                                     | / EBL        |               |                |                          | IIENT/SO COI<br>IDERSTANDI               |          |                                        |                                    | RESPIRATION (2) COUGH / DEEP BREATH / CRY (1) DYSPNEA / SHALLOW / AHWAY |            |          |                         |            |          |                 |                        | 1       | 2              |             |                 |                                                  |            |                       |
| ORAL                     | _PC                                                  |                                   | UPINE / VOI                                    | DED          |               |                | 16                       | PROCEDUR<br>VERBALIZES UI                | RE<br>ND | CARE.                                  | , h                                | PAIN                                                                    |            |          | <u>(11)</u>             | APNE       | ALM      |                 | ICAL VCMII             |         | <b></b>        |             |                 | <u>                                     </u>     | )          | 1 6                   |
| IV                       | 10                                                   |                                   | DRAINS                                         |              |               |                | 6                        | OF INSTRUCTION                           | ON       | S                                      | - 1                                |                                                                         |            |          | 10                      | 3 40       | :sco     | мгоят           | NG / DISTR             |         | 3              |             |                 | 12                                               | ).         | 2_                    |
| BL DOD                   | $\partial$                                           | 8                                 | FMESIS                                         | _//          | 1_            | ~~~~           |                          | CABE IE ADDDA                            | nn       | DIATE                                  | `  ī                               | O2 SAT                                                                  | URAT       | ION      | (2)                     | MAIN       | TAN!     | 0- SA1          | NCBUILAT               | ROOM    |                |             |                 | 1                                                | 1          | 17                    |
| TOTAL                    | 16                                                   | 400                               | TOTAL                                          | 9            | $\mathcal{Q}$ |                |                          | OISCHARGE IN<br>SIGNED                   | IST      | RUCTIONS                               | L                                  |                                                                         |            |          | (0)                     | OLSA       | Ls       | 90% EV          | tion to m<br>En with d | SUPPL   |                |             |                 | 1                                                | ,          | 2                     |
| PAR                      | SCORI                                                | 1                                 | IA                                             |              | 5M            | _ D            | 7                        |                                          | D/       | ATE                                    | 7                                  | ACTIVIT                                                                 | ГҮ         |          |                         | 4 EXT      |          |                 | AS PRE-O               | Þ       |                | ao.         |                 | )                                                | ١          | 7                     |
| (2) Min                  | EA / VO                                              | MITING                            | · v 2                                          |              | ,             | 7              |                          | 1319                                     | 11       | ル                                      | -                                  | Tempera                                                                 | ture m     | ust b    |                         |            |          |                 | F EXTREMI              |         |                | 18,         |                 | 1                                                | 1,0        | 15                    |
| منزيفها                  | pellodiacs                                           | ence of Na<br>led by med<br>N & V | • 5                                            |              |               | ㄴ스             | 1                        | 1                                        |          |                                        |                                    |                                                                         |            |          |                         |            |          |                 |                        |         | HAS            | EITO        | TAL:            | Ŕ                                                | 7          | ŤŦ                    |
| Init.                    | $\Delta$                                             | SIGNAT                            | UHE                                            | <del>,</del> | Init.         | 1              | $\frac{\overline{c}}{c}$ | SIGNATUR                                 | ŧΕ       |                                        | Norti                              | nwest Co                                                                | HIMITAL    | nity i   | lospi                   | lal        |          |                 |                        |         |                |             |                 |                                                  | IĬĬ        |                       |
| 1                        | $\rho_{\kappa k}$                                    | 4-                                |                                                | -1           | B             | 10             | 11                       | $\mathcal{U}_{\sim}$                     | 7        |                                        |                                    | hwest Co                                                                |            |          |                         | niđei      | y C      | enter           |                        |         | Mil            |             | MM              | ĬЩ                                               |            | }      <b>       </b> |
| PHASE                    | <                                                    | ĀĀ                                | IRIVAL                                         |              | · /           | DISCH          |                          | True Pl                                  | _        |                                        | Adiné                              | gton Helg                                                               | nts, IL    | 6U00     | b                       |            |          |                 |                        | 4       | 0              | 6 1         | 9               | G                                                | <b>τ</b> Ρ | •                     |
| PHASE I                  | 15                                                   |                                   | RIVAL                                          | 217          |               | DISCH          |                          | 1/11                                     | - (      | OF CARE                                |                                    |                                                                         |            | _        |                         |            |          |                 |                        |         |                |             |                 |                                                  |            |                       |
| TRANSF                   | ERRED T                                              |                                   | ANSFERR                                        | 711<br>ED BY |               |                |                          | VEN TO                                   | P        | ATTAMED (                              |                                    |                                                                         | P          | )S       | TA                      | NE         | S        | TH              | ESIA                   |         |                | NSH         | EE.             | Ŧ                                                |            |                       |
|                          |                                                      | EKG                               | ······································         | LIBN         |               |                | ·                        |                                          | _        |                                        |                                    |                                                                         |            | DU       | LBE                     | RG         | 9, P     | 'AUI            | <br>L R                |         | `E ·           | • _         |                 |                                                  |            |                       |
| NCH I                    | em # 29                                              |                                   |                                                | <u></u>      |               |                |                          | ······································   |          |                                        |                                    |                                                                         |            | / 12     | 653                     | 82         |          | 8.8             | 40                     | 07      | /09/           | 12          |                 | 10.1                                             |            |                       |
| —                        | # 24                                                 |                                   |                                                |              |               |                |                          |                                          |          | 1                                      |                                    |                                                                         |            | SAC      | 0 (<br>35R              | J3/1<br>M∆ | 19/<br>N | 197(<br>SC      | 00 C                   | ~ ~ ~   | 079:           | 12<br>25    |                 | 01.                                              | 1 -        | 286                   |
|                          |                                                      |                                   |                                                |              |               |                |                          |                                          |          |                                        |                                    |                                                                         | _          | -        |                         | - 4 - 6    | ٠,       | JUC             | 7110                   | ١.      | ND .           | -/-         |                 |                                                  |            |                       |

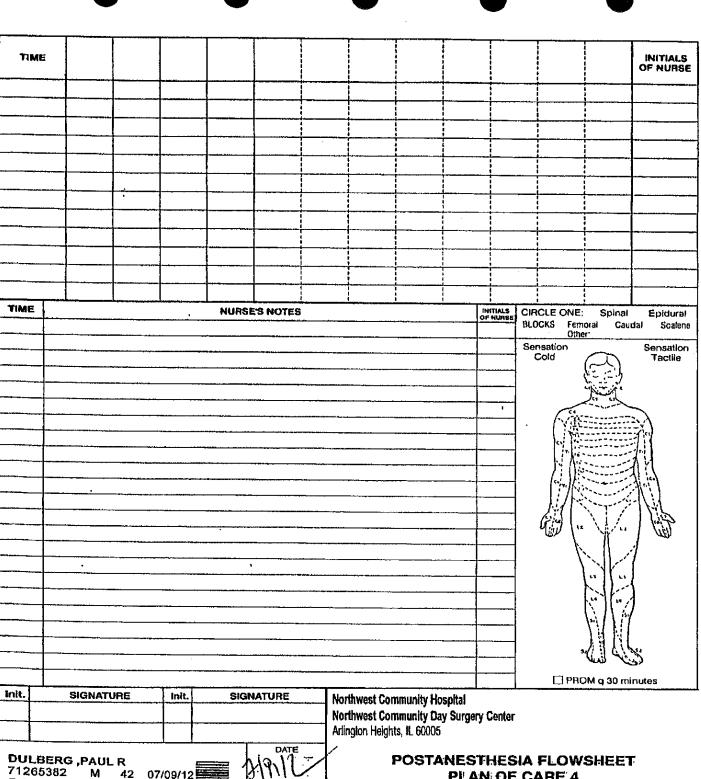


**Dulberg 005532** 



\*\*\*\*307925

DULBERG, PAUL R



71265382 M 42 07/09/12 DOB 03/19/1970 0001307925 SAGERMAN, SCOTT D MD

PLAN OF CARE 4

Page 4 of 4

| INIT. SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | INIT.                                   | SIGNATURE                    | INIT.                                   | SIGNATURE       | INIT.                                   | SIGNATURE      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|------------------------------|-----------------------------------------|-----------------|-----------------------------------------|----------------|
| 12-121                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                         |                              |                                         |                 |                                         |                |
| LACTATED RINGERS<br>RATE: TKO (00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | cclu                                    | IV 1000 ML X 1<br>RN:        |                                         | 1348 a          | <del>,</del>                            |                |
| VALIUM S MG<br>(DIAZEPAM)<br>ON CALL TO OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | *************************************** | POX1<br>RN:                  | ,,,,,,,,,                               | 12100           | -                                       |                |
| PEPCID<br>(FAMOTIDINE)<br>ON CALL TO OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                         | PO 20 MG X 1<br>RN:          | ×                                       | 1200-1<br>14020 | - Aor                                   | 13/00 en       |
| REGLAN<br>(METOCLOPRAMIDE)<br>ON CALL TO OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | *************                           | PO 10 MG X 1<br>RN:<br>DATE: |                                         |                 |                                         | 231            |
| TYLENOL TABLET(ACETAMINOPHEN) ON CALL TO OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | MG                                      | POX1<br>RN:<br>DATE:         |                                         |                 | ***********                             |                |
| ANCEF GM<br>(CEFAZOLIN)<br>D5W 100 ML<br>INFUSE OVER 30 M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         | IV PREOP X 1<br>RN:<br>DATE: | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                 | ·                                       |                |
| VANCOMYCIN MG<br>(VANCOCIN)<br>D5W 250 ML<br>INFUSE OVER 1 HG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                         | IV PREOP X 1<br>RN:<br>DATE: |                                         |                 |                                         |                |
| CLINDAMYCIN MC<br>(CLEOCIN)<br>D5W 100 ML<br>INFUSE OVER 30 M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | •                                       | IV PREOP X 1<br>RN:<br>DATE: |                                         |                 |                                         |                |
| MEFOXIN GM<br>(CEFOXITIN)<br>D5W 100 ML<br>INFUSE OVER 30 N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                         | IV PREOP X 1<br>RN:<br>DATE: |                                         |                 |                                         |                |
| AMPLICILLIN GM<br>(AMPLICILLIN)<br>NS 100 ML<br>INFUSE OVER 30 N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         | IV PREOP X 1<br>RN:<br>DATE: |                                         |                 |                                         |                |
| GENTAMICIN MG<br>(GARAMYCIN)<br>NS 100 ML<br>INFUSE OVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MINUTES                                 | IV PREOP X 1<br>RN:<br>DATE: |                                         |                 | *************************************** |                |
| LEVAQUIN MG (LEVOFLOXACIN) IN D5W ML INFUSE OVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | MINUTES                                 | IV PREOP X 1<br>RN;<br>DATE: |                                         |                 |                                         |                |
| Administration Period: 07:0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 17/1/2                                  | (date) to 07:00(             | date)                                   | 07:01 – 15:00   | 15:01 23:00                             | 0 23:01 – 7:00 |
| Allergies:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1KM                                     |                              |                                         |                 |                                         |                |
| The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon |                                         | Pa                           | age 1 d                                 | of 2            |                                         |                |

**PATIENT ID** MED REC NO: DOB:

ADMITTED: PHYSICIANI AGE:

DULBERG ,PAUL R DX: 71265382

71265382 M 42 07/09/12 DOB 03/19/1970 0001307925 SAGERMAN, SCOTT D MD



NCH Item # 62496

Northwest Community Hospital Northwest Community Day Surgery Center Adington Heights, IL 60005



**DSC MEDICATION ADMINISTRATION RECORD** 

Form # 005.850-04/10-1-SD

\*\*\*\*307925

DULBERG, PAUL R

| NORMAL SALINE RATE; TKO                            |                                         | INIT,      | SIGNATURE  IV 500 ML X 1 RN: DATE:          | INIT.  | SIGNATURE     |      | INIT.                                     | SIGNATURE                               |
|----------------------------------------------------|-----------------------------------------|------------|---------------------------------------------|--------|---------------|------|-------------------------------------------|-----------------------------------------|
| NORMAL SALINE                                      |                                         |            | RN:<br>DATE:                                |        |               |      |                                           |                                         |
|                                                    | OR                                      |            |                                             |        |               | 1    |                                           | 1                                       |
| ZOFRAN<br>(ONDANSETRON)<br>ON CALL TO              |                                         |            | PO 8 MG X 1<br>RN:<br>DATE:                 |        |               |      | <b>THOUSENESS</b>                         |                                         |
| VERSEDMG<br>(MIDAZOLAM)<br>ON CALL TO              | OR                                      |            | PO SYRUP X 1<br>RN:<br>DATE:                |        |               |      |                                           |                                         |
| (ACETAMINOPHEN)<br>ON CALL TO                      | OR                                      |            | PO X 1<br>RN:<br>DATE:                      |        |               |      | ****                                      |                                         |
| ALBUTEROL 8 GM IN<br>(VENTOLIN HFA)<br>ON CALL TO  | OR                                      |            | 2 PUFFS X 1<br>RN:<br>DATE:                 |        | •••••         |      | **************                            |                                         |
| SCOPOLAMINE 1,5 I<br>(TRANSDERM-SCOP<br>ON CALL TO | ')                                      |            | PATCH X 1<br>SITE APPLIED:_<br>RN:<br>DATE: |        |               |      |                                           |                                         |
| SOLUCORTEF<br>(HYDROCORTISONE<br>ON CALL TO OR     | MG                                      |            | IV PREOP X 1<br>RN:<br>DATE:                |        |               |      | ***************************************   |                                         |
|                                                    |                                         |            | ******                                      |        |               |      |                                           |                                         |
| ,                                                  | *************                           | ********** | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,     |        |               |      |                                           |                                         |
|                                                    |                                         |            |                                             |        |               |      |                                           | *************************************** |
|                                                    | *                                       | ********** |                                             |        |               |      |                                           |                                         |
| ***************************************            | # *** * * * * * * * * * * * * * * * * * | •••••      |                                             |        |               |      |                                           |                                         |
| Administration Period                              | 07:01                                   |            | (date) to 07:00                             | (date) | 07:01 – 15:00 | 15:0 | 1 – 23:00                                 | 23:01 7:00                              |
| Allergies:                                         |                                         |            |                                             |        |               |      | -, ., ., ., ., ., ., ., ., ., ., ., ., ., |                                         |

| Page 2 | of | 2 |
|--------|----|---|
|--------|----|---|

**PATIENT ID** MED REC NO: ADMITTED:

DOB:

AGE:

PHYSICIAM:

DX:

1

DULBERG ,PAUL R

71265382 M 42 07/09/12 DOB 03/19/1970 0001307925 SAGERMAN, SCOTT D MD

NCH Item # 62496

Northwest Community Hospital Northwest Community Day Surgery Center Adington Heights, IL 60005

> **DSC MEDICATION ADMINISTRATION RECORD**

> > Form # 005.850-04/10-1-SD

**Allergy History** 



DULBERG, PAUL R.

NCH-A - DSC

MD: Sagorman, Scott D., MD

Acct: 71265382

MAN: 0001307925

Discharge Date:

Requested Date: 07/09/2012 16:33

Page 1 of 1

| Allergen                                             | Onse                                              | et Date                               |                               | Primary Reaction | on.              | Sevent                                                                               | у             |
|------------------------------------------------------|---------------------------------------------------|---------------------------------------|-------------------------------|------------------|------------------|--------------------------------------------------------------------------------------|---------------|
| No Known Allergies                                   |                                                   | ·                                     |                               |                  |                  |                                                                                      |               |
|                                                      | Pati                                              | ent Med                               | ication R                     | econcilia        | tion             |                                                                                      |               |
| Medication                                           | Dose '                                            | Route                                 | Freq                          | Last Taken       | Next Dose<br>Due | Start Date                                                                           | Stop Date     |
| Neurontin Oral<br>Generic: gabapentin                | 900 mg Tablet                                     | Oral                                  | 2 times per<br>day            | 07/08/2012       |                  |                                                                                      |               |
|                                                      | · · · · · · · · · · · · · · · · · · ·             | · · · · · · · · · · · · · · · · · · · |                               | <del> </del>     | <del></del>      | ······································                                               |               |
| Norco Oral<br>Generic: hydrocodone-<br>acelaminopher | 7.5-352 mg                                        | Oral                                  | Every 6<br>hours as<br>needed |                  |                  |                                                                                      |               |
| Comment: for severe pain                             |                                                   |                                       | _!                            |                  |                  |                                                                                      |               |
| cyclobenzaprine 10 mg Tab<br>Generic:                | 1 Tablet                                          | Oral                                  | As Needed                     | 06/08/2012       |                  |                                                                                      |               |
| naproxen Oral<br>Generic: naproxen                   | 500 mg Table                                      | Oral                                  | 2 times per<br>day            | 07/06/2012       |                  |                                                                                      |               |
|                                                      |                                                   |                                       |                               |                  |                  |                                                                                      |               |
| Iramadol 50 mg Tab<br>Generic:                       | 1 Tablet                                          | Oral                                  | As Needed                     | 06/16/2012       |                  |                                                                                      |               |
| Comment: not for months                              | DULBERG ,F<br>71266382<br>DOB 03/19/<br>SAGERMAN, | M 42<br>1970 000                      |                               |                  | of this date.    | of our knowled<br>ledications you<br>Questions rej<br>s should be dire<br>physician. | are taking as |
| Nurse Signature:                                     |                                                   | uh                                    | •                             |                  | Date             | 3:                                                                                   | 7/9/12        |
| Patient Signature:                                   | But &                                             | Julb                                  | erg.                          |                  | Date             | <del>)</del> :                                                                       | 7/9/12        |

This report indicates medications to be taken/given following discharge. Do not take any additional medications unless you check with your Physician and other Healthcare Providers.

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Opt Out:

DULBERG, PAUL R.

NCH-A - DSC

71265382

Discharge Med Reconciliation Orders From: 07/08/2012 12:49 To:

Age: 42 yr Gender: M MD: Sagerman, Scott D., MD DOB: 03/19/1970 Acct: 71265382 MRN: 0001307925 Requested: 07/09/2012 12:49 (LB57) Pag

To: 07/09/2012 12:49 Admit Dt: 07/09/2012 12:02

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#### **Allergy History**

No Known Allergies

**Active Medications** 

| Drug Name .                                    | Dose                   | Route | Frequency          | Last Taken | Comments:                                                | Continue              | Discontinue | M.D. Initials | Start Date |
|------------------------------------------------|------------------------|-------|--------------------|------------|----------------------------------------------------------|-----------------------|-------------|---------------|------------|
| cyclobenzaprine 10 mg<br>Tab                   | 1 Tablet               | Oral  | As Needed          | 06/08/2012 | Strength: 10 mg                                          |                       |             |               |            |
| gabapentin(Neurontin<br>Oral)                  | 900 mg<br>Tablet       | Oral  | 2 times per<br>day | 07/08/2012 |                                                          |                       |             |               |            |
| hydrocodone-<br>acetaminophen 10-650<br>mg Tab | 0.5-1 Tablet<br>Tablet | Oral  | As Needed          | 03/01/2012 | Special Instructions: not for months Strength: 10-650 mg |                       |             |               |            |
| naproxen(naproxen Oral)                        | 500 mg<br>Tablet       | Oral  | 2 times per<br>day | 07/06/2012 |                                                          | 1 <u>1</u> 2          |             |               |            |
| tramadol 50 mg Tab                             | 1 Tablet               | Oral  | As Needed          | 06/16/2012 | Special Instructions: not for months Strength: 50 mg     | 1                     |             |               |            |
|                                                | 1                      | 1,,,, |                    | <u> </u>   |                                                          | " م <del>ۇ</del> .چىم |             | <u> </u>      | <u> </u>   |

NO DATA FOUND FOR MODULE: 3. Active Inpatient Medications

| New Medication Orders |       |                                             |        |           |           |
|-----------------------|-------|---------------------------------------------|--------|-----------|-----------|
| Drug Name             | Dose  | ٧                                           | .Houte | Frequency | 01        |
| News                  | Graff | 326                                         | po     | 50/cf2-1  | 4-6 pp    |
|                       | 0     |                                             |        |           |           |
|                       |       |                                             |        |           |           |
|                       |       |                                             |        |           |           |
|                       |       |                                             |        |           |           |
|                       |       | A L. C. C. C. C. C. C. C. C. C. C. C. C. C. |        |           |           |
|                       |       |                                             |        |           |           |
|                       |       |                                             |        |           |           |
|                       |       | ·                                           |        |           | -71-71-71 |
|                       |       | -1-222                                      |        |           |           |
|                       |       |                                             |        |           |           |

DULBERG, PAUL R.

NCH-A - DSC

Page 1 of 2

DULBERG ,PAUL R 71265382 M 42 07/09/12 DOB 03/19/1970 0001307925 SAGERMAN, SCOTT D MD



55 of 63

| DIM | BERG. | D 4 1 14 | -  |
|-----|-------|----------|----|
| DUL | DERU. | . PAUL   | п. |

Opt Out:

NCH-A - DSC

Discharge Med Reconcillation Orders From: 07/08/2012 12:49 To:

Discharge Med Reconciliation Droots
From: 07/08/2012 12:49
Rm-Bed: Admit 0t: 07/09/2012 12:02
Age: 42 yr Gender: M MD; Sagerman, Scott D., MD
DOB: 03/19/1970 Acet: 71265382
MRN: 0001307925
Requested: 07/09/2012 12:49 (LB57) Page

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| Signatures:<br>Any medication ch | anges (le, dose, route, frequency) needs to be written in | n the New Medication Order Se | ection.     |
|----------------------------------|-----------------------------------------------------------|-------------------------------|-------------|
| Physician:                       | Liga                                                      | Date:                         | Time: 143-0 |
| Physician:                       |                                                           | Date:                         | Time:       |
| Physician:                       |                                                           | Date:                         | Time:       |
| Nurse:                           | // /                                                      | Date:                         | Time:       |
| Nurse:                           | Cypaline                                                  | Date:                         | Time: 1620  |

DULBERG, PAUL R.

NCH-A - DSC

Page 2 of 2

DULBERG ,PAUL R
71265382 M 42 07/09/12
DOB 03/19/1970 0001307925
SAGERMAN, SCOTT D MD



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Opt Out:

DULBERG, PAUL R.

NCH-A
nch\_hheadmhx
Rm-Bed: Admit Dt: 07/09/2012 12:02
Age: 42 yr Gender: M MD: Sagerman, Scott D., MD
DOB: 03/19/1970 Acct: 71265362
MRN: 0001307925
REPUBLISHED ACCT

Requested: 07/11/2012 22:01

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### **Admission History Assessment**

| Observables                              |                          | ,                                             |                                               | ***************************************       |
|------------------------------------------|--------------------------|-----------------------------------------------|-----------------------------------------------|-----------------------------------------------|
| Template: Admission I                    | History                  | •                                             |                                               |                                               |
| Category: Arrival Date/Tim               | e::                      |                                               |                                               |                                               |
| Observable<br>Name                       | Observation              | Chart Time                                    | Perform Time                                  | Confirm Time                                  |
| Arrival Date/Time                        | 07/09/2012 12:14         | 07/09/2012 12:48<br>BURNS, LYNDA,<br>RN       | 07/09/2012 12:46<br>BURNS, LYNDA,<br>RN       |                                               |
| Category: Tobacco Use                    |                          |                                               | **************************************        |                                               |
| Observable<br>Name                       | Observation              | Chart Time                                    | Perform Time                                  | Confirm Time                                  |
| Have you smoked within the last 30 days? | yes                      | 06/26/2012 12:00<br>MANALANSAN,<br>LORENA, RN | 06/26/2012 11:59<br>MANALANSAN,<br>LORENA, RN | 06/26/2012 11:59<br>MANALANSAN,<br>LORENA, RN |
| Smoking status                           | current every day smoker | 06/26/2012 12:00<br>MANALANSAN,<br>LORENA, RN | 06/26/2012 11:59<br>MANALANSAN,<br>LORENA, RN | 06/26/2012 11:59<br>MANALANSAN,<br>LORENA, RN |
| Category: Advance Directi                | ves                      |                                               |                                               | •                                             |
| Observable<br>Name                       | Observation              | Chart Time                                    | Perform Time                                  | Confirm Time                                  |
| Advance directives                       | no                       | 06/26/2012 12:00<br>MANALANSAN,<br>LORENA, RN | 06/26/2012 11:59<br>MANALANSAN,<br>LORENA, RN | 06/26/2012 11:59<br>MANALANSAN,<br>LORENA, RN |

### **Medication Detail**

| Active - Un  | Description                              | Dose   | Route | Freq/<br>Rate      | Ferm   | Stren |
|--------------|------------------------------------------|--------|-------|--------------------|--------|-------|
| Neurontin C  | Pral (gabapentin Oral)<br>No             | 900 mg | Oral  | 2 times per<br>day | Tablet |       |
| AKA:         |                                          |        | İ     |                    |        |       |
| Indication:  |                                          |        | 1     |                    |        |       |
| Type:        |                                          |        | 1     |                    |        |       |
| Info Source: |                                          |        |       |                    |        | ]     |
| Spec Instr:  |                                          |        |       |                    |        | l     |
| Comments:    |                                          |        |       |                    | 1      | 1     |
| Entered:     | 06/26/2012 11:43 Manalensan, Lorena , RN |        |       |                    |        |       |
| Confirmed:   | 07/09/2012 16:32 Balawender, Edyta , RN  |        |       |                    |        | 1     |
| Modified:    | 07/09/2012 16:32 Balawender, Edyta , RN  |        | 1     |                    |        | [     |

DULBERG, PAUL R.

Rm-Bed:

Acct: 71265382

MRN: 0001307925

DOB: 03/19/1970

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Permanent

DULBERG, PAUL R.

Opt Out:

NCH-A nch\_hhsadmhx Rm-Bed:

Admit Dt: 07/09/2012 12:02
Age: 42 yr Gender: M MD: Segerman, Scott D., MD
DOB: 03/19/1970 Acct: 71265382
MRN: 0001307925
Requested: 07/11/2012 22:01

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Medication Detail (continued)

| /ledication Det     | ail (continued)                             |            |                                        |                     |         |            |
|---------------------|---------------------------------------------|------------|----------------------------------------|---------------------|---------|------------|
|                     | Description                                 | Dose       | Route                                  | Freq/<br>Rate       | Form    | Strength   |
| Active - Unk        |                                             |            | ************************************** |                     | 8180. P | e samenam. |
| Norco Oral (        | hydrocodone- acetaminophen Oral)<br>No      | 7.5-352 mg | Oral                                   | Every 6<br>hours as |         | T          |
| AKA:                |                                             |            |                                        | needed              |         |            |
| Indication:         |                                             |            |                                        | 1                   |         |            |
| Туре:               |                                             |            |                                        |                     |         |            |
| Info Source:        |                                             |            |                                        |                     |         |            |
| Spec Instr:         | for severe pain                             |            | 1                                      | ļ                   |         |            |
| Comments:           |                                             |            |                                        | ļ                   |         |            |
| Entered:            | 07/09/2012 16:33 Balawender, Edyta , RN     |            |                                        |                     |         |            |
| Confirmed:          | 07/09/2012 16:33 Balawender, Edyta , RN     |            |                                        |                     |         |            |
| Modified:           | 07/09/2012 16:33 Balawender, Edyta , RN     |            |                                        |                     |         |            |
| cyclobenzap<br>PRN: | orine 10 mg Tab (cyclobenzaprine 10 mg Tab) | 1          | Oral                                   | As Needed           | Tablet  | 10 mg      |
| AKA:                | Yes                                         |            | i                                      |                     |         |            |
| Indication:         |                                             |            |                                        |                     |         |            |
| Туре:               | •                                           | - 1        | 1                                      |                     |         |            |
| Info Source:        |                                             |            |                                        |                     |         |            |
| Spec Instr:         |                                             |            |                                        | 1                   |         |            |
| Comments:           |                                             |            |                                        |                     |         |            |
| Entered:            | 06/26/2012 11:45 Manalansan, Lorena , RN    | - 1        |                                        |                     |         |            |
| Confirmed:          | 07/09/2012 16:32 Balawender, Edyta , RN     | 1          |                                        |                     |         |            |
| Modified:           | 07/09/2012 16:32 Balawender, Edyta , RN     |            | 1                                      | 1                   |         |            |
| naproxen O          | ral (naproxen Oral)                         | 500 mg     | Oral                                   | 2 times per         | Tablet  | 1          |
| PRN:<br>AKA;        | No                                          |            | 1                                      | day                 | ŀ       |            |
| Indication:         |                                             |            |                                        |                     | i       |            |
| Туре:               |                                             |            | 1                                      |                     | 1       |            |
| Info Source:        |                                             |            | İ                                      |                     |         | 1          |
| Spec Instr:         |                                             |            | 1                                      |                     |         |            |
| Comments:           |                                             |            |                                        |                     | }       |            |
| Entered:            | 06/26/2012 11:42 Manalansan, Lorena , RN    |            | 1                                      |                     |         |            |
| Confirmed:          | 07/09/2012 16:32 Balawender, Edyta , RN     |            | 1                                      |                     | ĺ       |            |
| Modified:           | 07/09/2012 16:32 Balawender, Edyta , RN     |            | ]                                      |                     |         |            |
| tramadol 50<br>PRN: | mg Tab (tramadol 50 mg Tab)                 | 1          | Oral                                   | As Needed           | Tablet  | 50 mg      |
| AKA:                | No                                          |            | 1                                      |                     |         |            |
| Indication:         |                                             | Ī          | 1                                      |                     |         |            |
| Туре:               |                                             |            |                                        |                     |         |            |
| Info Source:        |                                             | 1          |                                        |                     |         |            |
| Spec Instr:         | not for months                              |            |                                        |                     | 1       |            |
| Comments:           |                                             | 1          |                                        |                     |         |            |
| Entered:            | 06/26/2012 11:45 Manalansan, Lorena , RN    |            |                                        |                     |         |            |
| Confirmed:          | 07/09/2012 16:32 Balawender, Edyte , RN     |            |                                        |                     |         |            |
| Modified:           | 07/09/2012 16:32 Balawender, Edyta , RN     |            | ł                                      |                     |         | l          |

DULBIERG, PAUL R.

Rm-Bed:

Acct: 71265382

MRN: 0001307925

DOB: 03/19/1970

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Page 2 of 4 Permanent DULBERG, PAUL R

DULBERG, PAUL R.

\*\*\*\*307925

Opt Out:

NCH-A nch\_hheadmhx

Rm-Bed: Admit Dt: 07/09/2012 12:02
Age: 42 yr Gender: M MD: Sagerman, Scott D., MD
DOB: 03/19/1970 Acct: 71265382
MRN: 0001307925
Requested: 07/11/2012 22:01

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Medication Datail (continued)

|                                     | Description                                                                | Dose         | Route                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Freq/<br>Flate               | Form   | Strength                 |
|-------------------------------------|----------------------------------------------------------------------------|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------|--------------------------|
| Discontinue                         |                                                                            |              | <u> de des acceptaciones en la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la company</u> | 0000   0000 bear 250 000 000 |        | o legación de la company |
| hydrocodone<br>acetam inoph<br>PRN: | e- acetaminophen 10- 650 mg Tab (hydrocodone-<br>nen 10- 650 mg Tab)<br>No | 0.5-1 Tablet | Oral                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | As Needed                    | Tablet | 10-650 mg                |
| AKA:                                |                                                                            |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |        |                          |
| Indication:                         |                                                                            |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |        |                          |
| Type:                               |                                                                            |              | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                              |        |                          |
| Info Source:                        |                                                                            |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |        |                          |
| Spec Instr:                         | not for months                                                             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |        |                          |
| Comments:                           |                                                                            |              | ļ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                              |        |                          |
| Entered:                            | 06/26/2012 11:47 Manalansan, Lorena , RN                                   |              | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                              |        |                          |
| Confirmed:                          | 07/09/2012 16:32 Balawender, Edyta , RN                                    |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |        |                          |
| Modified:                           | 07/09/2012 16:32 Balawender, Edyta , RN                                    |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |        |                          |
| Inactive- ER                        | ROR - Unknown                                                              |              | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                              | I      |                          |
| Bayer Aspiri<br>PRN:                | in Oral (aspirin Oral)<br>No                                               |              | Oral                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | As Needed                    | Tablet | 250 mg                   |
| AKA:                                |                                                                            |              | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                              |        | 1                        |
| indication:                         |                                                                            | į            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |        |                          |
| Туре:                               |                                                                            |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |        |                          |
| info Source:                        |                                                                            |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |        |                          |
| Spec Instr:                         |                                                                            |              | }                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                              | į      |                          |
| Comments:                           |                                                                            |              | }                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                              |        |                          |
| Entered:                            | 06/26/2012 11:49 Manalansan, Lorena , RN                                   |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |        |                          |
| Confirmed:                          | 07/09/2012 12:46 Burns, Lynda , RN                                         |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              | 1      |                          |
| Modified:                           | 07/09/2012 12:46 Burns, Lynda , RN                                         |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |        |                          |

### Problem Detail

| Active - Medical                    | Description (Snomed code)                | Chronicity | Additional lofe |
|-------------------------------------|------------------------------------------|------------|-----------------|
| Neuritia (8429900                   | 9) (Right)[1]                            | ICD: 729.2 |                 |
| Problem Priority:<br>Problem Onset: |                                          |            |                 |
| Current Occurrence                  | e:                                       |            |                 |
| Comment:                            | right uina                               |            |                 |
| Entered:                            | 06/26/2012 11:59 Manalansan, Lorena , RN |            |                 |
| Last Confirmed:                     | 07/09/2012 12:46 Burns, Lynda , RN       |            |                 |
| Last Modified:                      | 07/09/2012 12:46 Burns, Lynda , RN       |            |                 |

Alleray Detail

| Sananivity                      |
|---------------------------------|
| Allergen Readtion Severity Type |

DULBERG, PAUL R.

Rm-Bed:

Acct: 71265382

MRN: 0001307925

DOB: 03/19/1970

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\*\*\*\*307925

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Opt Out:

DULBERG, PAUL R.

NCH-A nch\_hhsadmhx

Rm-Bed: Admit Dt: 07/09/2012 12:02 Age: 42 yr Gender: M MD: Sagerman, Scott D., MD DOB: 03/19/1970 Acct: 71265382 MRN: 0001307925 Requested: 07/11/2012 22:01

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Allergy Detail (continued)

| Active                      | Allergen                           | Reaction | Sev | Bensitivity<br>erity Type |
|-----------------------------|------------------------------------|----------|-----|---------------------------|
| [NS] No Known Alle          | erales                             |          |     |                           |
| Onset Date:<br>Reported By: |                                    |          |     |                           |
| Rel. to Patien              | nt:                                |          |     | į.                        |
| Comments:                   |                                    |          |     |                           |
| Entered:                    | 07/09/2012 12:44 Burns, Lynda , RN |          |     |                           |
| Confirmed:                  | 07/09/2012 00:00 Staffid, Auto     |          |     |                           |
| Verified:                   | 07/09/2012 00:00 Staffid, Auto     |          |     |                           |

NO DATA FOUND FOR MODULE: 5. Immunization Details

DULBERG, PAUL R.

Rm-Bed:

Acct: 71265382

MRN: 0001307925

DOB: 03/19/1970

nch\_hhsadmhx

Page 4 of 4 Permanent

## DYNAMIC HAND THERAPY Re-Evaluation of Progress, Goals and Plan of Care

| Patient: Paul Dulberg Physician: Dy Televice Date: 2/10/12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Patient: Mul Dulberg Physician: Dv Telerico Date: 2/10/12  Diagnosis: (E) Francis (acesation of count flavor Date of Injury: 10/28/11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Surgical Hx: Date 10/28/11 Procedure Statused 15 CB Start of Care: 12/6/11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Number of visits to date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| SUBJECTIVE:  Palm: 2 /10 at rest / best 10 /10 with activity / at worst (See Gelow)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Dotalla: Venispecific upon contractions EDS of SE news over in elicity 1 10/10-14-1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Punction/ADL's: a few minutes there 3-4/10 for approximately one day; Nodule at improvements: Unable to destrict Marsing on Compagnity has slightly improved.  Continued difficulties: Under the destrict in the land of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state |
| many in the passe, maintaining a frat it thereous that                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| the is using his kit veny little to avoid pernauating the name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Wound/Scar: Cent happensenishnity a scan See flow shoot for: * Cont Warden beneds grain SF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Ci Plane                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| & Sonsation: Le-le5/ Deep pressure sensation? Marchand Discourselved                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| & Sonsation: Le-le5 (Deep pressure sensature) whenhand, Diminished probeting semater when Fream                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| D'Strength: Ild grant x 12th Strike wrent grant decreased with                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Troutment summery to date: Trus of la has been scan combal, desent ashe shelly                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Track, Company Streeting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Annania the Anna a Mi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| EDS to SE any a strong neurological parting of planted plant in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| FDS to SF and a Strong neurological reaction is alreaded at angular name Goals: STG's met: Wyes (guap)  Revised functional goals: year (guap)  Revised functional goals: year (guap)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Revised functional goals: The greek (grasp)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 17BA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

| Patient: Yaus Oulsper                                                                                                                                                                                         |             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Skilled therapy needed for: I progression of exercise I continued need for manual therapy                                                                                                                     |             |
| O other:                                                                                                                                                                                                      |             |
| PLAN:                                                                                                                                                                                                         | <del></del> |
| Modalities: It to be placed on hold until he seeks further modicale                                                                                                                                           |             |
| Exercise: Intervention - this Issue seems to be coursed by one special                                                                                                                                        | <br>/       |
| - problem that to not being imprived in the saper-                                                                                                                                                            | γα<br>H.    |
| splinting: SF FDS appears to be affecting his upour nerve                                                                                                                                                     | ÆS.         |
| Other: every time it is fixed                                                                                                                                                                                 |             |
| ***Frequency/Duration: times/week for weeks or additional visits***                                                                                                                                           |             |
| I have reviewed this plan of care and recertify a continuing need for services from the date of this updated plan of care; the updated plan of care is herein established and will be reviewed every 30 days. | above       |
| Additional requests/concerns:                                                                                                                                                                                 |             |
|                                                                                                                                                                                                               |             |
| Therapist Signature                                                                                                                                                                                           |             |
| Physician's Signature date  PLEASE FAX BACK TO: 847-587-3346                                                                                                                                                  |             |
|                                                                                                                                                                                                               |             |
|                                                                                                                                                                                                               |             |
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| FEB - 9 2012                                                                                                                                                                                                  |             |
| - 1967-1958-1743                                                                                                                                                                                              |             |

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|               |               |             | 7" |
| Senemen       | Testing Re    | enselên     | 1  |
| aracis A      | TCSIMIR IN    |             | ١. |

| Date Blo 12-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Patient: Parie D     | illeia.                         |                                         |              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------|-----------------------------------------|--------------|
| Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Filament             | lateror gratique                | Forte:                                  | Control mark |
| ***************************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1.65 - 2.83 (Green)  | Mormal                          | .008 +                                  |              |
| <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 3.23 3.61 (Blue)     | Diminished Light Touch          | 1.172                                   | .217         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3.64 - 4.34 (Purple) | Diminished Repressive Sensation | .445 -                                  | 2.35         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4.56 (Red)           | Loss of Protective Sensation    | 4                                       | 1.19         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 6.65 (Red)           | Door Potestive Sensation        | 2                                       | 9.4          |
| The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s | (Red Lined)          | Response                        | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 654                  |                                 |                                         | 97           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                                 |                                         | ,            |
| ff Dorsal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Left Volar Right     | Voisir                          | Right D                                 | orani        |
| sted by: ILLANS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | amark atuur          | •                               |                                         | 1.           |

| <u>(</u> )                         | (£)               | (R)          | (B)           | •                                      |                                                  | <u> we Di</u>                           | ,l                                               | ر .<br>به      |                |
|------------------------------------|-------------------|--------------|---------------|----------------------------------------|--------------------------------------------------|-----------------------------------------|--------------------------------------------------|----------------|----------------|
| xam Date                           | 12/6/11           | 1-5-12       |               |                                        | )                                                |                                         | -                                                | -              |                |
| houlder                            |                   |              |               |                                        | -                                                |                                         |                                                  |                |                |
| lexion                             |                   | <del> </del> | <del> </del>  | <del> </del>                           | <del>- </del>                                    |                                         |                                                  |                |                |
| xtension                           |                   | 1            | <del> </del>  | 44,91                                  | 301 <sub>1/14</sub>                              |                                         |                                                  | <u> </u>       |                |
| bduction                           |                   |              | <b></b>       |                                        | <del> </del> -                                   | <del>-</del>                            | <del> </del>                                     | ├              | <del></del> _  |
| xistral Rotation                   |                   |              | 1             | -                                      | <del> </del>                                     | ~ <del> </del>                          | +                                                | <del> </del>   | -              |
| ternal Rotation                    | <del> </del>      |              |               |                                        |                                                  |                                         | _ <del> </del>                                   | <del> </del>   | <u>-</u>       |
| bow & Forearm                      |                   |              | .A            |                                        |                                                  |                                         | ,                                                |                |                |
| exion U                            | 134               | 140          | 146           | <u> </u>                               |                                                  |                                         |                                                  |                | 7              |
|                                    | -3                | -15          | 140           |                                        |                                                  | <u> </u>                                |                                                  |                |                |
| xtension to                        |                   | 65           | <del>3</del>  |                                        | ·}                                               |                                         |                                                  |                |                |
| upination 75t                      | 65                | 85           | 751           | ·                                      | <del> </del>                                     |                                         |                                                  | <del> </del> - |                |
|                                    |                   |              | - TUF         | <u> </u>                               | <del> </del>                                     | <del> </del>                            |                                                  |                |                |
| elst                               |                   |              |               |                                        |                                                  |                                         | 3 <b>100-11</b>                                  |                | سريب           |
| exion XI)                          | - <del>1</del> 5+ | 80           | 80            | <del></del>                            |                                                  | <del></del>                             | <del> </del>                                     | <del> </del>   | . *4           |
| dension 357<br>adial Deviation 35  | 55<br>201         | ලව           | 65.           |                                        | <del>                                     </del> | <del> </del>                            |                                                  | <del> </del>   | +              |
| nar Deviation 180                  | 20t               | (15          | 15            |                                        |                                                  | 1                                       | +                                                | <del> </del> - | <del></del>    |
| mar Deviation (PS                  | 30£               | 25           | 35            | , , , , ,                              |                                                  |                                         |                                                  |                | <u> </u>       |
| umb                                |                   |              |               |                                        |                                                  |                                         |                                                  |                |                |
| OP Extension/Flexion               |                   |              |               |                                        |                                                  |                                         |                                                  | - 11           | 1              |
| P Extension/Flexion                |                   |              |               |                                        | .,                                               |                                         |                                                  |                | ]              |
| adial Abduntion                    |                   |              | <u> </u>      |                                        |                                                  |                                         |                                                  |                |                |
| ilmar Abduction                    | ·                 |              |               |                                        | <del> </del>                                     | <del> </del>                            | <b>-</b>                                         |                | ļ              |
| pposition                          |                   |              |               | <del>^`</del>                          | <del>                                     </del> | <del> </del>                            | <del></del>                                      | <del></del>    | <del> </del> - |
|                                    | The second of     |              |               |                                        |                                                  |                                         | †~~~                                             |                | <del> </del>   |
| dex Finner<br>CP Extension/Flexion |                   |              |               |                                        | •                                                |                                         | 7000                                             | 242            |                |
| P Extension/Flexion                |                   |              |               | •                                      | <u> </u>                                         | İ                                       |                                                  |                |                |
| P Extension/Flexion                |                   |              |               |                                        |                                                  |                                         | 1                                                |                | † · · · · ·    |
| M                                  |                   |              |               | ······································ |                                                  |                                         |                                                  |                |                |
|                                    |                   | <u> </u>     |               |                                        |                                                  | <u> </u>                                |                                                  |                |                |
| ng Finger                          |                   |              |               |                                        |                                                  |                                         |                                                  |                |                |
| P Extension/Flexion                |                   |              |               |                                        | ,                                                |                                         |                                                  |                |                |
| P Extension/Flexion                |                   | <del></del>  |               |                                        |                                                  | <u> </u>                                | <b></b>                                          |                |                |
| P Extension/Flexion                |                   |              |               |                                        |                                                  | <del></del>                             | <del>   </del>                                   |                |                |
| M                                  |                   |              |               |                                        | · · · · · · · · · · · · · · · · · · ·            | ·                                       | <del> </del>                                     | <b>  </b>      | <del></del>    |
|                                    |                   |              |               |                                        |                                                  | <del> </del>                            | <del>                                     </del> |                | <u> </u>       |
| ng Finger                          |                   |              | No. of Street |                                        |                                                  |                                         |                                                  |                |                |
| P Extension/Flexion                |                   |              |               |                                        | · · · · · · · · · · · · · · · · · · ·            | <del></del>                             | <del> </del>                                     |                | <del></del>    |
| Extension/Flexion                  | •                 |              |               |                                        |                                                  | <u> </u>                                | <del> </del>                                     |                |                |
| Extension/Plexion M                |                   |              |               |                                        |                                                  | · · · · · · · · · · · · · · · · · · ·   | 1                                                |                |                |
| 171                                |                   |              | , ,           |                                        |                                                  |                                         |                                                  | · ·            |                |
| nil Finger                         |                   |              |               |                                        |                                                  |                                         |                                                  |                |                |
| P Extension/Flexion                |                   |              |               |                                        |                                                  | A CONTRACTOR OF THE PERSON NAMED IN     |                                                  |                | di di di di    |
| Extension/Plexion                  | <u> </u> ,        | ]_           |               |                                        |                                                  |                                         | <del>-</del>                                     |                |                |
| Extension/Flaxion                  | ~~- <u>-</u>      |              |               |                                        |                                                  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 71.0                                             |                |                |
| M                                  |                   | ·            |               |                                        |                                                  |                                         |                                                  |                |                |
| erapist initials                   | 77705-            |              |               | •                                      | <u></u>                                          |                                         |                                                  |                |                |

| •    | Dynamic Hand Therapy |                                                   | Sheet                                 |              |               | ,           | Patient Nam                                      | e Pain                                           | 1 Delher      | 7 ·      | •                                                |              | . :                                              |                                                  |
|------|----------------------|---------------------------------------------------|---------------------------------------|--------------|---------------|-------------|--------------------------------------------------|--------------------------------------------------|---------------|----------|--------------------------------------------------|--------------|--------------------------------------------------|--------------------------------------------------|
|      |                      | -Dáte                                             | . Date                                |              | Oste          |             | Oafe                                             |                                                  | Date #        |          | Date                                             |              | Date                                             | 1                                                |
| - 1  |                      | 175/12                                            | 1/5/12                                |              |               |             | .k                                               | ٠ -                                              |               |          |                                                  |              | † · · · ·                                        |                                                  |
| . •  | Circumterences (cm)  | Control L)R                                       | involved it R                         | D#f.         | Involved L.R. | Diff,       | involved L.R                                     | Ciff.                                            | involved L.R. | Diff.    | involved L.R.                                    | Diff.        | Involved L.R.                                    | Diff                                             |
| į    | wrist flexion cresse | la -                                              | 10.7.                                 | =            |               |             |                                                  |                                                  |               |          |                                                  |              | 1                                                |                                                  |
| 1    | mid-metecarpais      | 23.1                                              |                                       | 7-           |               |             |                                                  |                                                  |               |          |                                                  |              | 1                                                |                                                  |
| - 1  | metacarpais          | 1 20.8                                            | 23.<br>21.5 4                         | 7.4          |               |             | •                                                | -                                                |               |          |                                                  |              | <del> </del>                                     |                                                  |
| - 1  | Thumb                |                                                   |                                       | -3.          |               |             |                                                  |                                                  |               |          |                                                  |              | <b>1997</b>                                      |                                                  |
|      | . MP s               | •                                                 |                                       |              |               |             |                                                  |                                                  |               |          |                                                  |              |                                                  |                                                  |
|      | P1                   | 7.4                                               | 7.1                                   | 1-3          |               |             |                                                  |                                                  |               |          | •                                                |              | 1                                                | <del>                                     </del> |
|      | LP.                  |                                                   |                                       |              |               |             |                                                  | -                                                |               |          |                                                  |              | <del> </del>                                     | <del>                                     </del> |
|      | P2                   |                                                   | -                                     |              |               |             | ·                                                | -                                                |               |          |                                                  |              |                                                  | <del> </del>                                     |
|      | Index Finger         |                                                   |                                       |              |               |             |                                                  |                                                  |               |          |                                                  | 12 A 17 A 27 |                                                  |                                                  |
|      | P1                   | 7.3                                               | 7.1                                   | بزران        |               |             |                                                  |                                                  |               | . t      |                                                  |              |                                                  | . 8                                              |
| - ,_ | PIP                  |                                                   |                                       | -            |               |             | <del>                                     </del> | <del> </del>                                     | <u> </u>      |          | \ <del></del>                                    | <del></del>  | <del></del>                                      | <del>}</del> <del>-</del>                        |
| -    | . F2                 | · ·                                               |                                       |              |               |             | <del> </del>                                     | <del>                                     </del> | <del> </del>  |          |                                                  |              | <del></del>                                      | <del>}</del>                                     |
|      | Dip                  | · ·                                               |                                       |              | 1             |             | <del> </del>                                     | <del> </del>                                     |               |          | <del> </del>                                     |              | <del></del>                                      | <del> </del>                                     |
|      | P3                   |                                                   | · · · · · ·                           | <del></del>  |               |             | <del> </del>                                     |                                                  | <del>-j</del> |          |                                                  | · · · · · ·  | 1                                                | <del> </del>                                     |
| •    | Middle Finger        |                                                   |                                       |              |               |             |                                                  |                                                  |               |          | 3-7-1-20-7-3-3-1-2                               |              |                                                  |                                                  |
|      | . P1                 | 6-8                                               | 5.8                                   | -            |               |             |                                                  |                                                  |               |          |                                                  |              |                                                  |                                                  |
| ı    | FIP                  | 1-12-4                                            | · · · · · · · · · · · · · · · · · · · |              | !             |             | <del>                                     </del> | <del> </del>                                     |               |          |                                                  |              | <del> </del>                                     | <del>  -</del>                                   |
|      | P2 :                 | <del>, , , , , , , , , , , , , , , , , , , </del> | 2 .                                   |              |               |             | <del> </del>                                     |                                                  | <del> </del>  |          | <del> </del> -                                   | <del></del>  | <del>                                     </del> | ┼                                                |
|      | · DIP                | ·                                                 | 2                                     | <u> </u>     |               |             |                                                  |                                                  | -             |          | <del> </del>                                     | <del> </del> | <del></del>                                      | ļ                                                |
|      | P3 ·                 | <b></b>                                           |                                       |              | <del></del>   |             | <del></del>                                      |                                                  |               |          | <del> </del>                                     |              | <del>-</del>                                     | <del> </del> -                                   |
| '    | Ring Finger          |                                                   |                                       |              |               |             |                                                  |                                                  |               |          |                                                  | 10 A F.      |                                                  |                                                  |
| 1    | P1.\                 | 3 65                                              | 6.6                                   | 4-1          |               |             | A CONTRACTOR                                     |                                                  |               |          |                                                  |              |                                                  |                                                  |
| -    | PiP \$               | 4                                                 |                                       | 17-1         |               |             | <del></del>                                      | <del>}</del> -                                   | -             |          | <del>                                     </del> | <u> </u>     |                                                  | <b>├</b> ──                                      |
|      | P2 ·                 | <u> </u>                                          | <del></del>                           | <del> </del> | -             | <del></del> | <del> </del>                                     | <del> </del> -                                   | <del></del>   |          | <del></del>                                      | <u> </u>     | <del> </del>                                     | <u> </u>                                         |
| 1    | DIP                  |                                                   | <del></del>                           | <del>}</del> | <del></del>   |             | <del> </del>                                     | <del> </del>                                     |               |          | <del> </del>                                     | <u> </u>     | ·                                                | ļ∕-                                              |
| 7    | P3                   | <del></del>                                       |                                       | <del></del>  |               |             | ļ                                                |                                                  | <u></u>       |          | 1                                                |              | <b>-</b>                                         | }                                                |
|      |                      |                                                   | 1200 - 2000-20                        |              |               |             |                                                  |                                                  | •             |          |                                                  |              |                                                  | ]                                                |
|      | Small Finger .       |                                                   |                                       |              |               |             |                                                  |                                                  |               |          |                                                  |              |                                                  |                                                  |
|      | P1                   | 6.0                                               | 6.1                                   | 17-4         | <del> </del>  | <u> </u>    | <u> </u>                                         | <u> </u>                                         |               |          | <u> </u>                                         |              | <del>' </del>                                    | ļ                                                |
|      | PIP                  | ļ <del></del>                                     |                                       |              | <del></del>   |             |                                                  | <b> </b>                                         | <del></del>   | <u> </u> | <del> </del>                                     |              | <u>-  </u>                                       | <del> </del>                                     |
|      | P2                   | ļ                                                 | <u> </u>                              | ļ            | ļ <u></u>     | ļ           | <u> </u>                                         | <u> </u>                                         | <u> </u>      |          |                                                  |              | ļ                                                | <b> </b>                                         |
|      | . OIP                | <del> </del>                                      | <b> </b>                              | ļ. <u></u>   | ļ             | <b></b>     | <u> </u>                                         | <u> </u>                                         |               | ļ        | ļ                                                | <u> </u>     |                                                  | 1_                                               |
|      | P3                   |                                                   |                                       |              |               |             |                                                  |                                                  |               |          |                                                  |              |                                                  |                                                  |
| · •  | Yolumetric (ml)      |                                                   |                                       |              | <b>東京東京</b>   |             |                                                  | 2                                                |               |          |                                                  |              |                                                  |                                                  |
|      | Trial 1              |                                                   | <u> </u>                              | <u> </u>     |               |             | ·                                                |                                                  |               | <b>1</b> |                                                  | <b> </b>     | <del>                                     </del> | <b> </b>                                         |
| •    | Trial 2              | 1                                                 | ļ                                     | <b></b>      | <del> </del>  |             | <u> </u>                                         |                                                  | 1             | <u> </u> |                                                  | <u> </u>     |                                                  |                                                  |
|      | Trial 3              | <u> </u>                                          | <u> </u>                              | <u> </u>     |               | 1           |                                                  | <u>L</u>                                         | _1            | L.       | 1                                                | <u> </u>     | .[                                               |                                                  |
| ;    | Average              | 1                                                 |                                       |              |               |             | 1                                                | T                                                | *             |          | 1 .                                              | 1            | 1 .                                              | T                                                |
|      | Therapists initials  | MA                                                | The                                   | 1            | *             |             | <del></del>                                      | -1                                               | <del></del>   |          |                                                  | <del> </del> |                                                  | +-                                               |

Dulberg 005548

DYNAMIC HAND THERAPY

| Re-Evaluation of Progress, Goals and Plan of Care                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Patient: Paul Dulhary Physician: A. Tulmed Date: 1-5-12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Diagnosis; R) Formaran lacaratus of was flown Date of Injury: 6-28-11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Surgical Hx: Date 6-28-1/ Procedure Suttened of ER Start of Care; 10-6-1/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Number of visits to date;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| SUBJECTIVE:  Pain: 4-5 /10 at rost / best 9 /10 with activity / at worst                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Details: Althor of Orin wax 9/10 that last and a fell                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Details: Latter of prin up to 9/10 that lasts only a few decomple.  Function/ADX's: Improvements: Alo Jametanal Emproperants day to Tin Sandar.  Continued difficulties: Watery, warrage marked, paraging coffee, marriachileng                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Continued difficulties: Writing, whong marine prompte while marine different                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| - Marina Williams with the week and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| " with a lump in charge on ul                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| D' Bdeina: Martonuto adames acous nepyto                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| D Sensation: TBA must went due to time construents.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| BROM: Ellow Tabo Wreat AN 50 invest 1 24.50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| B Strength: (R) grayo 1 d 17# (R) = 89% a (L)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Treatment summery to date: Mitt. US to oran mile 57m, error ofton , wrist of digit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| man of them, Anterney Chargeller, Journey Marrathan will                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Assessment/inerapist impression: At along dans dans are ments in Aron Arit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| The though the transfer of the thouse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Goals; STG's met: Pres Dao. LTG's met: Dves Dao                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Revised functional goals: 4who                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| (Cont.) 1 (B) promittin 5-8° to 1 pts abolity to pour coffee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 2. I Day anther 5th & morrow abolity & hald onto cape men                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| A. of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of |
| 3. It to apart pain - 3/10 at best & small him & use @                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| UE to assist in ADIS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

| Pat                                                                                                                                                                           | ont: Paul Dulberg                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Skilled therapy needed for: Il progression of exer                                                                                                                            |                                                               |
| O other: Son make 57m Poor                                                                                                                                                    | rellow wrest dest                                             |
| PLAN:                                                                                                                                                                         |                                                               |
| Modalities: MHP U.S FRN                                                                                                                                                       |                                                               |
| Brancise: Alam allow unset digita                                                                                                                                             | votivaje marisas                                              |
| Junctional grap of persons, star                                                                                                                                              | gthaning on tolorated                                         |
| Other:                                                                                                                                                                        |                                                               |
| weaffrequency/Duration: 3-3 times/week for  I have reviewed this plan of care and recertify a continuing need updated plan of care is herein established and will be reviewed | d the manager than at the same states and the same states are |
| Additional requests/concerns:                                                                                                                                                 | avay su auga.                                                 |
|                                                                                                                                                                               |                                                               |
| Allemala ori                                                                                                                                                                  | /phae                                                         |
| Therapist Signature PLEASE FAX BACK TO: 847-587-3346                                                                                                                          | Physician's Signature date                                    |
|                                                                                                                                                                               |                                                               |
| · · · · · · · · · · · · · · · · · · ·                                                                                                                                         | JAN 6 2012                                                    |

| Dynamic Hand Therapy                        | - Active Raz                           | bf Motio                                | Òn                                               | Patient Na                                         | ime; <u> </u>                          | me Di                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | is.                                              | <u>Uz</u>           | <u></u>                | •  |
|---------------------------------------------|----------------------------------------|-----------------------------------------|--------------------------------------------------|----------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|---------------------|------------------------|----|
| <u> </u>                                    | (R)                                    | (R)                                     |                                                  |                                                    | ••                                     | me Du                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 4                                                | ~ ()<br>'*.         | 17.0                   | •  |
| Exem Date                                   | 12/0/11                                | 1:5-12                                  |                                                  |                                                    |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                  | 4                   | -                      |    |
| Shoulder                                    |                                        |                                         |                                                  |                                                    | * Marie de la comp                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                  |                     | THE REAL PROPERTY.     | i, |
| Flexion                                     |                                        |                                         |                                                  |                                                    | <u> </u>                               | <del>-  </del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del> </del>                                     | <del></del>         |                        |    |
| Extension<br>Abduction                      |                                        |                                         |                                                  | 4,54                                               | is day                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <del>-  </del> -                                 |                     | <b></b>                | -  |
| External Rotation                           |                                        | <u> </u>                                | <u> </u>                                         | 1                                                  | ,                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                  |                     | <del> </del>           | _  |
| nternal Rotation                            | <u> </u>                               | · · ·                                   | <del> </del>                                     | <u> </u>                                           |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                  |                     | <u> </u>               | _  |
|                                             | <del> </del>                           | <del></del>                             | <del> </del>                                     | <del> </del>                                       | <del> </del>                           | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ╬┈                                               |                     |                        | _  |
| ibow & Foream                               |                                        |                                         |                                                  |                                                    |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                  |                     |                        |    |
| lexion ///                                  | 139                                    | 140                                     |                                                  | <del></del>                                        | ļ <u>.</u>                             | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                  |                     |                        | _  |
| Extension YO                                | -3                                     | -15                                     | <del></del>                                      |                                                    | <del> </del>                           | .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                  |                     |                        |    |
| ronation ;                                  | 65_                                    | 65                                      | <del>                                     </del> | <u> </u>                                           | <del> </del> -                         | <del>- </del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | -}                                               |                     | <del> </del>           |    |
| Supination 75+                              | 65                                     | R5                                      |                                                  |                                                    | <del> </del>                           | <del> </del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ┦─┼                                              |                     | <del></del>            | _  |
|                                             |                                        |                                         |                                                  |                                                    |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>†</b>                                         | <del></del>         | -                      | _  |
| Vrist                                       |                                        |                                         |                                                  |                                                    |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                  |                     |                        | Ģ  |
| lexion 📆                                    | +2E                                    | , 80                                    |                                                  |                                                    |                                        | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1                                                |                     | 1 '*'                  |    |
| Redial Deviation                            | 55                                     | 60                                      | <u> </u>                                         | <del></del>                                        |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                  |                     |                        | _  |
| linar Deviation                             | 30t                                    | 25                                      | ··········                                       |                                                    | ·                                      | ļ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                  |                     |                        | _  |
|                                             | ,                                      | <u> </u>                                | <del>                                     </del> | <del> </del>                                       | ···                                    | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | -                                                |                     |                        | _  |
| humb                                        | المن المنابع المنابع                   |                                         |                                                  |                                                    | <del></del>                            | والمستقلة المالية                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                  |                     | * = (* <del>**</del> ) | ī  |
| ICP Extension/Flexion                       | <del> </del>                           | <del> </del> -                          |                                                  | <del> </del>                                       |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                  |                     |                        | -  |
| PIP Extension/Flexion                       | ************************************** |                                         |                                                  |                                                    |                                        | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | -                                                |                     |                        |    |
| Radial Abduction                            |                                        |                                         |                                                  | <del> </del>                                       | <del> </del> -                         | · <del> </del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | $\vdash$                                         | •                   | <u> </u>               | _  |
| almar Abduction                             |                                        |                                         | China a proper days                              | <del>  • • • • • • • • • • • • • • • • • • •</del> | ,,,,,                                  | <del> </del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ┨═┤                                              |                     | <del> </del>           | _  |
| Opposition                                  |                                        |                                         |                                                  |                                                    |                                        | , vi=e-44                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                  |                     |                        | -  |
|                                             |                                        |                                         |                                                  |                                                    |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                  | -                   |                        | _  |
| ndex Finger                                 |                                        |                                         |                                                  | ANCHOR OF STREET                                   | 1.05-4                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                  |                     | A                      | A  |
| MOP Extension/Flexion PIP Extension/Flexion |                                        |                                         |                                                  | ,                                                  |                                        | <u>L</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1                                                |                     | Ì                      |    |
| OP Extension/Flaxion                        |                                        |                                         | ļ.,                                              | <u> </u>                                           | · · · · · · · · · · · · · · · · · · ·  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                  |                     |                        | _  |
| AM                                          |                                        |                                         |                                                  | ļ <u> </u>                                         | ·                                      | ļ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | -                                                |                     |                        | _  |
| //                                          |                                        |                                         |                                                  | -                                                  | .,                                     | <del> </del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <del>  -</del>                                   |                     | <del> </del>           | _  |
| ong Finger                                  | - 20,000 0000000                       |                                         | THE PERSON NAMED IN                              |                                                    |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                  |                     | in the same            | ı  |
| ICP Extension/Flexion                       |                                        |                                         |                                                  |                                                    |                                        | <del> </del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1                                                |                     | ļ                      | -  |
| IP Extension/Flexion                        |                                        |                                         |                                                  | <u> </u>                                           | A                                      | <del> </del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <del>  -</del>                                   |                     | <u> </u>               | _  |
| IP Extension/Flexion                        |                                        |                                         |                                                  |                                                    |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b> </b>                                         | ·,—                 | ·                      | -  |
| CAN TANK                                    | <b></b>                                |                                         |                                                  |                                                    |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                  |                     |                        | -  |
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| ing Finger<br>ICP Extension/Flexion         |                                        |                                         | - 1                                              |                                                    |                                        | THE STATE OF THE PARTY.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1</b>                                         | कार्या स्थाप्त<br>स |                        | fi |
| P Extension/Flexion                         |                                        | *************************************** |                                                  |                                                    |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                  | <del></del>         |                        | _  |
| IP Extension/Flexion                        | <u> </u>                               |                                         |                                                  |                                                    |                                        | ļ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                  |                     |                        |    |
| AM                                          | <u></u>                                |                                         |                                                  |                                                    | <del></del>                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                  |                     |                        |    |
|                                             |                                        |                                         |                                                  | -1                                                 | ******                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <del>├</del> ┼                                   | •                   |                        |    |
| mall Finger                                 |                                        |                                         | السياليات                                        |                                                    |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ***                                              |                     |                        | Ų  |
| ICP Extension/Flexion                       |                                        | ~                                       |                                                  |                                                    | <del></del>                            | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                  |                     | ····                   | _  |
| IP Extension/Flaxion                        |                                        |                                         |                                                  | <u></u>                                            | *** ·································· | <del> </del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ···                                              |                     |                        |    |
| IP Extension/Flexion AM                     |                                        |                                         |                                                  |                                                    |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <del>                                     </del> |                     |                        | _  |
| herapist initials' ////                     | 1,10                                   |                                         |                                                  | · , , , , , , , , , , , ,                          |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                  |                     |                        | ÷  |
| TOTAL HIMAIN                                | ANY                                    | N),J                                    |                                                  |                                                    |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | :                                                |                     | "."                    |    |

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| Exam Date                        | 126/11                                  | 12/6/11                               | 1/5/12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1/5/12     | 1/5/12 |                |        | -        |   |
| Measurements: Kg Lb              | R                                       | L                                     | R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | · Ł                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | R          | E.     | R              | L.     | R        | L |
| Glip strength-jamar 2nd position | -                                       |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |        | -              |        |          |   |
| Trial 1                          | 126                                     | 135                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 121        | 14/    |                |        |          | : |
| Trial 2                          | 92                                      | 145                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 118        | 142    |                |        |          |   |
| Trial 3                          | 110                                     | પિદ                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 138        | 14(    |                |        |          |   |
| Average:                         | 109                                     |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 126#       | . (4]# |                |        |          |   |
| Grip Curve-Jamar Dynamometer     |                                         |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 12174      |        |                |        |          |   |
| Intrinsics 1st position          | _                                       | •                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 8192       | •      |                |        | •        |   |
| 2nd position                     |                                         | · · · · · · · · · · · · · · · · · · · |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |        | 1              |        |          |   |
| 3rd position                     |                                         | -                                     | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |        |                |        |          |   |
| 4th position                     |                                         |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |        | <u> </u>       | ,      |          |   |
| Extrinsics 5th position :        | 100000000000000000000000000000000000000 |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |        |                |        | · .      |   |
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| Rapid Alternation Test           |                                         |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |        |                |        |          |   |
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| Pinch Strength                   |                                         |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | fireh-o    | 1      |                |        | <u> </u> | • |
| 3-pt (3-jaw chuck)               | 26                                      | 29                                    | Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence o |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (Included) |        |                |        |          |   |
| 2-pt (pad)                       | 20                                      | 18                                    | 1 Ular                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la |            | , ,    |                |        |          |   |
| Lateral Key                      | 28                                      | 26 /                                  | No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            | *      | ž.             |        | -        |   |
| Examiners initials               | wes                                     | MPS                                   | (2)1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | . ]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Med        | N      | _ <del>_</del> | 1 1901 |          |   |

# DYNAMIC HAND THERAPY Initial Evaluation

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| Name: Paul Dulhong Date: 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 16/11                 |
| Physician: Dete of injury/onset:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |
| Diagnosis: (8) Foreauntaceration of aust flexor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |
| Mechanism of Injury/Hx of current complaint: Chausian to fivener - New                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | inbor Usana chamein   |
| Turned around and cut patients arm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 3                     |
| Surgical Hx: Date 6/28/11 Procedure Subwed in ER Procedure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |
| PMH & for Hx relevant to Injury: WE What name franciscisting 4-5 years                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | sero DID Cz-z         |
| Occupation: Graphic Design                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Hand Dominance        |
| Precautions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (E) L                 |
| SUBJECTIVE: Pain: \/10 at rest / best \ \( \frac{1}{2} \) with activity / at worst                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                       |
| Details: Part Ald Dunght-help him Drught, Ald ractivity; Par<br>OBJECTIVE: Seems adhered to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | in acture Whose See.  |
| OBJECTIVE: Seems adhered to a Wound/Scar: Healed well; mild highertrophy noted; mild as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ulner boarder of ulna |
| See flow sheet for:    Sensation: TBA + Hippersenthulty noted in foream.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | hole                  |
| Kange of Motion (unitations noted in Belbon, Fream,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | unot                  |
| DEdeuns No sig chema noted to have                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ^                     |
| Strength Limintrans noted in @Grasp & 3pt pince                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |
| Plexibility: Intrinsics/Extrinsics: Tight extruncs and intradics                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ,                     |
| Function/ADL's: Prior level of function: (I) & RUF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | . 1                   |
| Current level of function: Influently hammering, withing monancy (world                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | h involves havingsme  |
| I rouse door handle pouring coffee, man polating small object t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | reanie weight him,    |
| Other Relevant Findings: (4) Warrenberg 5 Sign , ADM: 3/5, ODM!                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3/5 1 FDS-SF. 41      |
| FOS RF 44/5 & pain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |

10/ 20

| Patient name: Yaug Oulburgs                                                                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Assessment/Therapist impression: 16 presents 2 par , Row deficits, strongth deficits,                                                                                                     |
| Tight extraories, suggestiont deficits decross functional activities ) Numberer Hong                                                                                                      |
| reported - point be assessed more specificately.                                                                                                                                          |
| Skilled Therapy needed in order to: Turnere Kern, ungalous pain.                                                                                                                          |
|                                                                                                                                                                                           |
| Functional Goals: Short term (x4 weeks)  1. (D (B) whit externa. x 5-80 to (B) pt 15 abolity to been weight through palon.                                                                |
| 2. 6 ( grasse x 3-5 # to 6) pt is a terlitize to experience containing                                                                                                                    |
| 3. 1 B pro x 50 to 1 pt 15 about to poor coffee.                                                                                                                                          |
| Long term  1. Maximy functional Using RUE duringall ADUS.                                                                                                                                 |
| Goals discussed with patient? Dyes Dno Patient informed of diagnosis/prognosis? Dyes Dno Rehabilitation potential: Dexcellent Dygood D fair Dguarded Other  PLAN:  Modulities MHP, CH, US |
|                                                                                                                                                                                           |
| Manual Techniques STM, Scar control, estable, MAR                                                                                                                                         |
| Therapentic Exercise/Activities <u>Stretching</u> , <u>Scar mob</u> , <u>TGE</u> , Neme gerding,<br>gnote strengtheres as tolerated, isolated for decensitization                         |
| Splinting                                                                                                                                                                                 |
| Other                                                                                                                                                                                     |
| ***Frequency 2 times/week for 4 Weeks or 8 visits***                                                                                                                                      |
| Additional requests/concerns:                                                                                                                                                             |
| certify the need for these services furnished under this care plan date aforementioned above. The above plan is                                                                           |
| Mola 12/2/11                                                                                                                                                                              |
| Therapist Signature date Physician Signature date                                                                                                                                         |
| *PLEASE FAX BACK AT 847-587-3346                                                                                                                                                          |

Patient Name: Paul Dulberg <u>Dynamic Hand Therapy</u> -- Active Range of Motion dir. Exam Date 12/6/11 Shoulder Flexion Extension Abduction External Rotation internal Rotation Elbow & Forearm Flexion 146 Extension Pronation -Suplnation Wrigt 75t 55 20t Flaxion Œ. Extension Radial Deviation Ulnar Deviation 30£ Thumb MCP Extension/Flexion PIP Extension/Flexion Redial Abduction Palmar Abduction Opposition Index Finger MCP Extension/Flexion PIP Extension/Flexion DIP Extension/Flexion TAM Long Finger MCP Extension/Flexion PIP Extension/Flexion DIP Extension/Flexion TAM Ring Finger MCP Extension/Flexion
PIP Extension/Flexion DIP Extension/Plexion TAM Small Finger MCP Extension/Flexion PIP Extension/Flexion DIP Extension/Flexion TAM Theraplet initials ......

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Dulberg 005557

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|------------------------------------|--------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------|------------|---------------------------------------|---------|---|---------------------------------------|
| Exam Date                          | 126/11 | 12611 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 | <u>.</u>           |            |                                       |         | • |                                       |
| Measurements; Kg Lb                | R      | L.    | R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | L               | R                  | L          | R                                     | L'      | R | L                                     |
| Grip strangti-jornar Zitá position |        |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                    |            | · · · · · · · · · · · · · · · · · · · |         |   | 4                                     |
| Trial 1                            | 126    | 135   | ļ <u>_</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | j.              |                    |            |                                       |         |   |                                       |
| Trial 2                            | 92     | 145   | )<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 | [<br>              |            |                                       |         |   | <u> </u>                              |
| Trial 3                            | 110    | ।५६   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                    |            |                                       |         |   |                                       |
| Average:                           |        |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                    | <u> </u> - |                                       |         |   |                                       |
| Gröp Curve-Jamar Dynamometer       |        |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                    |            |                                       |         |   | <u> </u>                              |
| Intrinsics 1st position            |        | ,     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                    | <u>-</u>   | 4                                     |         | - |                                       |
| 2nd position                       |        |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ·               |                    |            |                                       |         |   | -                                     |
| 3rd position                       |        |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 | · ·                |            |                                       |         |   | 1                                     |
| 4th position                       |        |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                    |            | · · · · · · · · · · · · · · · · · · · | 10. 75. |   | , E                                   |
| Extrinsics of position:            |        |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 | Water State of the |            |                                       |         |   |                                       |
|                                    |        |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                    |            |                                       |         |   |                                       |
| Rapid Alternation Test             |        |       | N 2 - 2 - 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 14              |                    |            |                                       |         |   | ,                                     |
|                                    |        |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                    |            |                                       |         |   |                                       |
| Pinch Strength                     |        |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 | 7                  |            | ``                                    |         |   | •                                     |
| 3-pt (3-jaw chuck)                 | 26     | 29    | View of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last o |                 | -<br>E-<br>3.      | 1          |                                       |         |   |                                       |
| 2-pt (pad)                         | 20     | 18    | P Uledrians                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | المرابع المرابع |                    | <u> </u>   | •                                     |         |   |                                       |
| Lateral Key                        | 28     | 26 /  | 1/8/1/10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | alara a         |                    | *          | *                                     | 2)      |   | · · · · · · · · · · · · · · · · · · · |
| Examiners Initials **              | ings   | wes   | - W.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |                    | 11         |                                       |         |   |                                       |

DEC -12-2011 MON 10:47 AM



## MAKE CHECKS PAYABLE TO:

Dynamic Hand Therapy - Fox Lake 498 South Route 12 Suite C Fox Lake, IL. 600201908 (847) 587-3301

Paul Dulberg 4606 Hayden Court Mchenry, IL. 60050

### STATEMENT

| STATEMENT PERIOD | BALANCE DUE       |  |  |  |  |  |  |  |  |  |
|------------------|-------------------|--|--|--|--|--|--|--|--|--|
| 11-03-14         | 27,7,7,7,76,1010) |  |  |  |  |  |  |  |  |  |

NOTE: THIS IS A LINE ITEM STATEMENT AND WILL SHOW ALL ACTIVITY FOR EACH DATE OF SERVICE IN THIS STATEMENT PERIOD

Account# 0042000185

Re:

Paul Dulberg

Account# 0042000185

Payment Due:

23378.00

Due Date:

PATIENT MESSAGE:

The balance on account is patient

responsibility. Please contact office

for payment options. Balance now due,

====>

call our office with questions

Make Checks Payable to: Oynamic Hand Therapy - Fox Lake

| [69]:TI(5)(5)[7<br>  \$3,24848[6]<br> | EIFIT ! | (હો.સંજરાસ)માં મહિલા      | Gliviaces. | मिन्द्राप्राज्यक्ष्यकृतिः<br>चित्रातिः | ी हर्षातील होते हैं  <br>जिल्लाहरू | Nephotsyl :-                          | संस्थानसङ्ख्यान<br>सर्वे स्थानसङ्ख्यान | FAMILIANI<br>FAMILANIGERS | TRUBUNI. |
|---------------------------------------|---------|---------------------------|------------|----------------------------------------|------------------------------------|---------------------------------------|----------------------------------------|---------------------------|----------|
| 12-06-11                              | 97003   | Occupational Therapy Eval | 187,00     | 0.00                                   | 0.00                               | ال ـ ـ ـ ا                            | 0.00                                   |                           | 187.0    |
| Payment                               | PCC     | CREDIT CARD               |            |                                        | -70.00                             |                                       |                                        | -70.00                    | -70.00   |
| Payment                               | PCASH   | CASH PAYMENT - THANK YOU! |            |                                        | -117.00                            | · · · · · · · · · · · · · · · · · · · |                                        | -117,00                   | -117.00  |
| Total 🦠 💯                             |         | 是於主義。這就自由經濟的關係之以往         | 187.00     | Q0.00                                  | 187.00                             | 0.00                                  | 0.00                                   | 0.00                      | 0.0      |
| 12-08-11                              |         | Therapeutic Exercise [ 2] | 172.00     | 0:00                                   | 0.00                               | 0.00                                  | 0.00                                   | 172.00                    | 172.00   |
| Payment                               | ·       | CASH PAYMENT - THANK YOU! |            |                                        | -172.00                            |                                       | <u> </u>                               | -172.00                   | -172.00  |
| 12-08-11                              |         | Manual Therapy Techniques | 75.00      | 0.00                                   | 0.00                               | 0:00                                  | 0:00                                   | 75,00                     | 75.00    |
|                                       |         | CASH PAYMENT - THANK YOU! |            |                                        | <i>-</i> 75.00                     | -                                     | ļ                                      | -75.00                    | -75.00   |
| 12-08-11                              |         | Ultrasound                | : 59.00    | 0.00                                   | 0,00                               | 0.00                                  | 0.00                                   | 59.00                     | 59,00    |
| Payment                               |         | CASH PAYMENT - THANK YOU! |            |                                        | -59.00                             |                                       |                                        | -59,00                    | -59.00   |
| 12-08-11                              | 97010   | Hot/Cold pack             | 54.00      | . 0.00                                 | 0.00                               | 0.00                                  | 0,00                                   |                           | 54.00    |

| Powment   PCASH   CASH PAYMENT - THANK YOU   Payment   PCASH   CASH PAYMENT - THANK YOU   Payment   PCASH   CASH PAYMENT - THANK YOU   Payment   PCASH   CASH PAYMENT - THANK YOU   Payment   PCASH   CASH PAYMENT - THANK YOU   Payment   PCASH   CASH PAYMENT - THANK YOU   Payment   PCASH   CASH PAYMENT - THANK YOU   Payment   PCASH   CASH PAYMENT - THANK YOU   Payment   PCASH   CASH PAYMENT - THANK YOU   Payment   PCASH   CASH PAYMENT - THANK YOU   Payment   PCASH   CASH PAYMENT - THANK YOU   Payment   PCASH   CASH PAYMENT - THANK YOU   Payment   PCASH   CASH PAYMENT - THANK YOU   Payment   PCASH   CASH PAYMENT - THANK YOU   Payment   PCASH   CASH PAYMENT - THANK YOU   Payment   PCASH   CASH PAYMENT - THANK YOU   Payment   PCASH   CASH PAYMENT - THANK YOU   Payment   PCASH   CASH PAYMENT - THANK YOU   Payment   PCASH   CASH PAYMENT - THANK YOU   Payment   PCASH   CASH PAYMENT - THANK YOU   Payment   PCASH   CASH PAYMENT - THANK YOU   Payment   PCASH   CASH PAYMENT - THANK YOU   Payment   PCASH   CASH PAYMENT - THANK YOU   Payment   PCASH   CASH PAYMENT - THANK YOU   Payment   PCASH   CASH PAYMENT - THANK YOU   Payment   PCASH   CASH PAYMENT - THANK YOU   Payment   PCASH   CASH PAYMENT - THANK YOU   Payment   PCASH   PAYMENT - THANK YOU   PAyment   PAYMENT - THANK YOU   PAyment   PCASH   PAYMENT - THANK YOU   PAYMENT - THANK YOU   PAYMENT - THANK YOU   PAYMENT - THANK YOU   PAYMENT - THANK YOU   PAYMENT - THANK YOU   PAYMENT - THANK YOU   PAYMENT - THANK YOU   PAYMENT - THANK YOU   PAYMENT - THANK YOU   PAYMENT - THANK YOU   PAYMENT - THANK YOU   PAYMENT - THANK YOU   PAYMENT - THANK YOU   PAYMENT - THANK YOU   PAYMENT - THANK YOU   PAYMENT - THANK YOU   PAYMENT - THANK YOU   PAYMENT - THANK YOU   PAYMENT - THANK YOU   PAYMENT - THANK YOU   PAYMENT - THANK YOU   PAYMENT - THANK YOU   PAYMENT - THANK YOU   PAYMENT - THANK YOU   PAYMENT - THANK YOU   PAYMENT - THANK YOU   PAYMENT - THANK YOU   PAYMENT - THANK YOU   PAYMENT - THANK YOU   PAYMENT - THANK YOU   PAYMENT - THANK YOU   PAYMENT - THANK YOU   PAYMENT - THA   |
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| Total   97110   Therapeutic Exercise   86.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.   |
| Total   360:00   0.00   360.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.   |
| 12-12-11   97110   Therapeutic Exercise   86.00   0.00   0.00   0.00   0.00   86.00   86.00   86.00   86.00   12-12-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.   |
| Payment   PCASH   CASH PAYMENT - THANK YOU   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -86.00   -   |
| 12-12-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   75.00   75.00   75.00   75.00   75.00   75.00   12-12-11   97035   Ultrasound   59.00   0.00   0.00   0.00   0.00   0.00   59.00   59.00   12-12-11   97010   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   0.00   54.00   54.00   12-14-11   97140   Therapeutic Exercise   86.00   0.00   0.00   0.00   0.00   0.00   0.00   86.00   86.00   12-14-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   0.00   54.00   59.00   12-14-11   97010   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   54.00   54.00   12-14-11   97010   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   54.00   54.00   12-14-11   97010   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   54.00   54.00   12-15-11   97110   Therapeutic Exercise   86.00   0.00   0.00   0.00   0.00   0.00   54.00   54.00   12-15-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   0.00   0.00   64.00   54.00   12-15-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   0.00   0.00   59.00   12-15-11   97130   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   59.00   59.00   12-15-11   97010   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   59.00   59.00   12-15-11   97010   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   59.00   59.00   12-15-11   97010   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   59.00   59.00   12-15-11   97010   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   |
| Payment   PCASH   CASH PAYMENT - THANK YOU!   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00   -37.00      |
| 12-12-11   97035   Ultrasound   59.00   0.00   0.00   0.00   0.00   59.00   59.00   59.00   12-12-11   97010   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   54.00   54.00   12-14-11   97110   Therapeutic Exercise   86.00   0.00   0.00   0.00   0.00   0.00   0.00   75.00   75.00   12-14-11   97035   Ultrasound   59.00   0.00   0.00   0.00   0.00   0.00   54.00   12-14-11   97035   Ultrasound   56.00   0.00   0.00   0.00   0.00   0.00   54.00   12-14-11   97010   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   54.00   54.00   12-14-11   97014   E-Stin Unattended   54.00   0.00   0.00   0.00   0.00   54.00   54.00   12-15-11   97110   Therapeutic Exercise   86.00   0.00   0.00   0.00   0.00   328.00   328.00   12-15-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   56.00   86.00   12-15-11   97035   Ultrasound   59.00   0.00   0.00   0.00   0.00   59.00   59.00   12-15-11   97036   Ultrasound   59.00   0.00   0.00   0.00   0.00   59.00   59.00   12-15-11   97036   Ultrasound   59.00   0.00   0.00   0.00   0.00   59.00   59.00   12-15-11   97010   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   59.00   59.00   12-15-11   97100   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   59.00   59.00   12-15-11   97100   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   0.00   59.00   12-15-11   97100   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00    |
| 12-12-11   97010   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   54.00   54.00   12-14-11   97110   Therapeutic Exercise   86.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.0   |
| Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 12-14-11   97140   Manual Therapy Techniques   75,00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0   |
| 12-14-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   0.00   75.00   75.00   12-14-11   97035   Ultrasound   59.00   0.00   0.00   0.00   0.00   0.00   59.00   59.00   12-14-11   97010   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   54.00   54.00   54.00   12-15-11   97010   Therapeutic Exercise   86.00   0.00   0.00   0.00   0.00   0.00   328.00   12-15-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   59.00   59.00   12-15-11   97035   Ultrasound   59.00   0.00   0.00   0.00   0.00   0.00   54.00   59.00   12-15-11   97010   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   59.00   59.00   12-19-11   97010   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   54.00   54.00   12-19-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   0.00   274.00   274.00   12-19-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   0.00   75.00   75.00   12-19-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   0.00   75.00   75.00   12-19-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   0.00   75.00   75.00   12-19-11   97035   Ultrasound   75.00   0.00   0.00   0.00   0.00   0.00   75.00   75.00   12-19-11   97035   Ultrasound   75.00   0.00   0.00   0.00   0.00   0.00   75.00   75.00   12-19-11   97035   Ultrasound   75.00   0.00   0.00   0.00   0.00   0.00   0.00   75.00   75.00   12-19-11   97035   Ultrasound   75.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   75.00   75.00   12-19-11   97035   Ultrasound   75.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.   |
| 12-14-11   97010   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   59.00   59.00   54.00   54.00   12-14-11   97014   E-Stim Unattended   54.00   0.00   0.00   0.00   0.00   0.00   54.00   54.00   54.00   12-15-11   97110   Therapeutic Exercise   86.00   0.00   0.00   0.00   0.00   0.00   328.00   328.00   12-15-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   59.00   59.00   12-15-11   97010   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   59.00   59.00   12-15-11   97010   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   59.00   59.00   12-15-11   97010   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   59.00   59.00   12-19-11   97110   Therapeutic Exercise [.2]   172.00   0.00   0.00   0.00   0.00   0.00   172.00   172.00   12-19-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   0.00   75.00   75.00   12-19-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   0.00   75.00   75.00   12-19-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   0.00   75.00   75.00   12-19-11   97035   Ultrasound   75.00   75.00   75.00   75.00   75.00   12-19-11   97035   Ultrasound   75.00   75.00   75.00   75.00   75.00   12-19-11   97035   Ultrasound   75.00   75.00   75.00   75.00   75.00   12-19-11   97035   Ultrasound   75.00   75.00   75.00   75.00   75.00   12-19-11   97035   Ultrasound   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.   |
| 12-14-11   97010   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   54.00   54.00   54.00   12-14-11   97014   E-Stim Unattended   54.00   0.00   0.00   0.00   0.00   54.00   54.00   54.00   12-15-11   97110   Therapeutic Exercise   86.00   0.00   0.00   0.00   0.00   0.00   328.00   86.00   12-15-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   0.00   75.00   75.00   12-15-11   97035   Ultrasound   59.00   0.00   0.00   0.00   0.00   0.00   59.00   12-15-11   97010   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   59.00   59.00   12-19-11   97010   Therapeutic Exercise   274.00   0.00   0.00   0.00   0.00   0.00   274.00   172.00   12-19-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   0.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00      |
| 12-14-11   97014   E-Stim Unattended   54.00   0.00   0.00   0.00   0.00   54.00   54.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 12-15-11         97110         Therapeutic Exercise         86:00         0.00         0.00         0.00         86:00         86:00         86:00         86:00         86:00         86:00         86:00         86:00         86:00         86:00         86:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00         75:00 </td                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 12-15-11   97036   Ultrasound   12-15-11   97036   Ultrasound   12-15-11   97036   Ultrasound   12-15-11   97010   Hot/Cold pack   12-15-11   97010   Hot/Cold pack   12-15-11   97010   Hot/Cold pack   12-15-11   97010   Hot/Cold pack   12-15-11   97010   Hot/Cold pack   12-15-11   97010   Hot/Cold pack   12-15-11   97010   Hot/Cold pack   12-15-11   97010   Hot/Cold pack   12-15-11   97010   Hot/Cold pack   12-15-11   97010   Hot/Cold pack   12-15-11   97010   Hot/Cold pack   12-15-11   97010   Hot/Cold pack   12-15-11   97010   Hot/Cold pack   12-15-11   97010   Hot/Cold pack   12-15-11   97010   Hot/Cold pack   12-15-11   97010   Hot/Cold pack   12-15-11   97010   Hot/Cold pack   12-15-11   97010   Hot/Cold pack   12-15-11   97010   Hot/Cold pack   12-15-11   97010   Hot/Cold pack   12-15-11   97010   Hot/Cold pack   12-15-11   97010   Hot/Cold pack   12-15-11   97010   Hot/Cold pack   12-15-11   97010   Hot/Cold pack   12-15-11   97010   Hot/Cold pack   12-15-11   97010   Hot/Cold pack   12-15-11   97010   Hot/Cold pack   12-15-11   97010   Hot/Cold pack   12-15-11   97010   Hot/Cold pack   12-15-11   97010   Hot/Cold pack   12-15-11   97010   Hot/Cold pack   12-15-11   97010   Hot/Cold pack   12-15-11   97010   Hot/Cold pack   12-15-11   97010   Hot/Cold pack   12-15-11   97010   Hot/Cold pack   12-15-11   97010   Hot/Cold pack   12-15-11   97010   Hot/Cold pack   12-15-11   97010   Hot/Cold pack   12-15-11   97010   Hot/Cold pack   12-15-11   97010   Hot/Cold pack   12-15-11   97010   Hot/Cold pack   12-15-11   97010   Hot/Cold pack   12-15-11   97010   Hot/Cold pack   12-15-11   97010   Hot/Cold pack   12-15-11   97010   Hot/Cold pack   12-15-11   97010   Hot/Cold pack   12-15-11   97010   Hot/Cold pack   12-15-11   97010   Hot/Cold pack   12-15-11   97010   Hot/Cold pack   12-15-11   97010   Hot/Cold pack   12-15-11   97010   Hot/Cold pack   12-15-11   97010   Hot/Cold pack   12-15-11   97010   Hot/Cold pack   12-15-11   97010   Hot/Cold pack   12-15-11   97010   Hot/Cold pack   12-15-11   97010   Hot/   |
| 12-15-11   97036   Ulfrasound   59,00   0.00   0.00   0.00   59,00   59,00   12-15-11   97010   Hot/Cold pack   54,00   0.00   0.00   0.00   0.00   0.00   54,00   54,00   12-19-11   97110   Therapeutic Exercise [.2]   172,00   0.00   0.00   0.00   0.00   0.00   172,00   12-19-11   97140   Manual Therapty Techniques   75,00   0.00   0.00   0.00   0.00   75,00   75,00   12-19-11   97035   Ultrasound   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   75,00   7   |
| 12-15-11         97010         Hot/Cold pack         54.00         0.00         0.00         0.00         54.00         54.00           Total         274.00         0.00         0.00         0.00         0.00         0.00         274.00         274.00           12-19-11         97140         Therapeutic Exercise [.2]         172.00         0.00         0.00         0.00         0.00         172.00         172.00           12-19-11         97140         Manual Therapy Techniques         75.00         0.00         0.00         0.00         75.00         75.00           12-19-11         97035         Utresound         10.00         10.00         0.00         0.00         75.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Total         274/00         0.00         0.00         0.00         274.00         274.00           12-19-11         97110         Therapeutic Exercise [.2]         172.00         0.00         0.00         0.00         0.00         172.00         172.00         172.00         0.00         0.00         0.00         172.00         172.00         172.00         172.00         0.00         0.00         0.00         0.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00<                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 12-19-11 97110 Therapeutic Exercise [.2] 172.00 0.00 0.00 0.00 0.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172.00 172. |
| 12-19-11 97140 Manual Therapy Techniques 75.00 0.00 0.00 0.00 0.00 75.00 75.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 12-19-11 97035 \ \text{Ultregound}                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 58,000 0.000 0.000 0.000 0.000 59,000 59,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 12-19-11 97/010 Hot/Cold pack 54.00 0.00 0.00 0.00 54.00 54.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Total 360.00 0.00 0.00 360.00 360.00 360.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 12-20-11 97110 Therapeutic Exercise [2] 172.00 0.00 0.00 0.00 0.00 172.00 172.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 12-20-11 97140 Manual Therapy Techniques 75.00 0.00 0.00 0.00 0.00 75.00 75.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 12-20-11 97035 Ultrasound 59.00 0.00 0.00 0.00 59.00 59.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 12-20-11: 97010 Hol/Cold pack 54.00 0.00 0.00 0.00 54.00 54.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Total 380.00 0.00 0.00 360.00 360.00 360.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 12-23-11 97/10 Therapeutic Exercise [2] 172:00 0.00 0.00 0.00 0.00 172:00 172:00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 12-23-11 97140 Manual Therapy Techniques 75.00 0.00 0.00 0.00 0.00 75.00 75.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 12-23-11 97035 Ultrasound 59,00 0.00 0.00 0.00 0.00 59,00 59,00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 12-23-11 97010 HovCold pack 54.00 0.00 0.00 0.00 54.00 54.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Total 360.00 0.00 0.00 0.00 380.00 380.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 12-27-11 97110 Therapeutic Exercise [2] 172.00 0.00 0.00 0.00 0.00 172.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 12-27-11 97140 Manual Therapy Techniques 75.00 0.00 0.00 0.00 75.00 75.00 75.00 75.00 75.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

| "InVax 1's Que" | <b>6年</b> 節 | Jacobski statisticki sa sa sa sa sa sa sa sa sa sa sa sa sa | l vilini-cial | (Income Type                                 | le dividitiris  |         | al visidi a validi. | Larahima. | 1000       |
|-----------------|-------------|-------------------------------------------------------------|---------------|----------------------------------------------|-----------------|---------|---------------------|-----------|------------|
| SELEMICE.       | 07040       |                                                             |               | 1,010                                        | VAIRVAIN.       | 4       | TANANCI             | SEATURES! | EFALTANGE. |
| 12-27-11        | 97010       | Hot/Cold pack                                               | 54.00         |                                              | <u> </u>        |         | . 0.00              | 54.00     | 54,00      |
| Total           | 07446       |                                                             | 360.00        | 18 17 2 (19) 2 (19)                          |                 |         | 0.00                | 100       | 360.00     |
| 12-29-11        | 97110       | Therapeutic Exercise                                        | 86.00         | 1                                            |                 |         | 0.00                | 86.00     | 66,00      |
| 12-29-11        | 97140       | Manual Therapy Techniques                                   | 75.00         |                                              |                 |         | 0.00                | 75.00     | 75.00      |
| 12-29-11        | 97035       | Ultrasound                                                  | 59.00         |                                              |                 |         | . <b>0</b> .00      | 59.00     | 59,00      |
| 12-29-11        | 97010       | Hot/Cold pack                                               | 54.00         |                                              |                 | 1       | 0.00                | 54.00     | 54.00      |
| Total           | 76-17 (d):  |                                                             | 274.00        | and Applications                             | 33 33 4 4 4 5 3 | 0.00    | 0,00                | 274.00    | 274.00     |
| 01-03-12        | 97110       | Therapeutic Exercise                                        | 86,00         | 0.00                                         |                 | 0.00    | 0,00                | 86,00     | 86.00      |
| 01-03-12        | 97140       | Manual Therapy Techniques                                   | 75.00         | <del></del>                                  |                 | 0.00    | 0.00                | 75.00     | 75.00      |
| 01-03-12        | 97035       | Ultrasound                                                  | 59.00         | <u>.                                    </u> | 0.00            | 0.00    | 0,00                | . 59.00   | 59.00      |
| Total           | 1 2 2 2     |                                                             | 220.00        | 14.1.1. NOS                                  | 0.00            | 0.00    | 0.00                | 220.00    | 220,00     |
| 01-05-12        | 97110       | Therapeutic Exercise [ 3]                                   | 258.00        |                                              |                 | 0.00    | 0,00                | 258,00    | 258.00     |
| O1+05-12        | 97035       | Ultrasound                                                  | 59.00         | 0;00                                         | L               | 0.00    | 0.00                | 59.00     | 59.00      |
| Total           |             |                                                             | 317.00        | 5.0 1                                        | 0.00            | 0.00    | 0.00                | 317.00    | 317.00     |
| 01-09-12        | 97110       | Therapeutic Exercise [2]                                    | 172.00        | · 0.00                                       | 0.00            | 0.00    | 0.00                | 172.00    | 172.00     |
| 01-09-12        |             | Manual Therapy Techniques                                   | 75.00         | 0,00                                         |                 | 0.00    | 0.00                | 75.00     | 7.5.00     |
| 01-09-12        | 97035       | Ultrasound                                                  | , 59,00       | 0,00                                         | 0.00            | 0.00    | 0.00                | 59.00     | 59,00      |
| 01,09-12        | 97010       | Hot/Cold pack                                               | 54.00         | 0,00                                         | 0.00            |         | .0.00               | 54.00     | 54,00      |
| Total           | 1 1 (1)     | 37.31.32.33.33.35.35.35.35.35.35.35.35.35.35.35.            | 360.00        | 0.00                                         | 0.00            | 0.00    | 0.00                | 360:00    | 360,00     |
| 01-11-12        | 97110       | Therapeutic Exercise [2]                                    | 172.00        | 0.00                                         | . , 0.00        | 0.00    | 0.00                | 172.00    | 172.00     |
| 01-11-12        |             | Manual Therapy Techn [2]                                    | 150.00        | 0.00                                         | 0.00            | 0.00    | 0.00                | 150.00    | . 150.00   |
| 01-11-12        | 97035       | Ultrasound                                                  | 59.00         | 0.00                                         | 0.00            | 0.00    | 0.00                | 59.00     | 59.00      |
| 01-11-12        |             | Hot/Cold pack                                               | 54.00         | 0.00                                         | 0.00            | 0:00    | 0.00                | 54.00     | 54:00      |
| 01-11-12        | 97110       | Therapeutic Exercise [2]                                    | 172.00        | 0.00                                         | 0.00            | -172.00 | 0.00                | 0.00      | 0.00       |
| 01-11-12        | · ,         | Manual Therapy Techn [2]                                    | 150.00        | 0.00                                         | 0.00            | -150.00 | 0.00                | 0,00      | 0.00       |
| 01-11-12        |             | Ultrasound                                                  | 59.00         | 0.00                                         | 0.00            | -59,00  | 0.00                | 0.00      | 0.00       |
| 01-11-12        | 97010       | Hot/Cold pack                                               | 54,00         | <b>~ 0.00</b>                                | 0.00            | -54.00  | 0.00                | 0.00      | 0.00       |
| Total           |             | <b>和</b> 的是的。上海最后,他们就是这些话。                                  | 870.00        | () ∮ ≦0.00                                   | 0.00            | 435.00  | 0.00                | 435.00    | 435.00     |
| ·01-16-12       |             | Therapeutic Exercise [:2]                                   | 172:00        | 0.00                                         | 0.00            | 0.00    | 0.00                | 172.00    | 172.00     |
| 01-16-12        |             | Manual Therepy Techniques                                   | 75:00         | 0.00                                         | 0.00            | 0.00    | 0.00                | 75.00     | 75.00      |
| 01-16-12        |             | Ultrasound                                                  | 59.00         |                                              | 0.00            | 0.00    | 0.00                | 59.00     | 59.00      |
| 01-16-12        | 97010       | Hot/Cold pack                                               | 54.00         |                                              | 0.00            | 0.00    | 0.00                | 54.00     | 54.00      |
| Total           | 3.1360      |                                                             | 360.00        | 27.                                          | . 9,            | 0.00    | 0,00                | 360:00    | 360,00     |
| 01-18-12        |             | Therapeutic Exercise                                        | 86.00         | <u>' ' '                                </u> | 0.00            | 0.00    | 0.00                | 86.00     | 86.00      |
| 01-18-12        |             | Manual Therapy Techniques                                   | 75.00         | 0.00                                         | 0.00            | 0.00    | 0.00                | 75.00     | 75.00      |
| 01-18-12        |             | Ultrasound                                                  | 59.00         | 0.00                                         | 0.00            | 0.00    | 0.00                | . 59,00   | . 59.00    |
| O1-18-12        | 11 11 11    | Hot/Cold pack                                               | 54.00         | 0.00                                         |                 | 0.00    | 0.00                | 54.00     | 54.00      |
| otal // //      | 別時度 点       |                                                             | 274.00        | 0.00                                         | 00.00           | 0.00    | 0.00                | 274.00    | 274.00     |

| ্র ক্রেড্রাই কর্মে<br>্রেড়ারমান্ট্রেই | , fe (2)    | • (ઇસરોલકોમેસ્પ્રાફિમ)                        | ी क्षेत्रां <mark>ल</mark> ि            | înye40‡7 (1165≥<br>178 (186) | iz idalik<br>Grafija                    | /(e, ju ji / | DIEUFANGE<br>PERIANGE |               |          |
|----------------------------------------|-------------|-----------------------------------------------|-----------------------------------------|------------------------------|-----------------------------------------|--------------|-----------------------|---------------|----------|
| 01-23-12                               | 97110       | Therapeulic Exercise [ 2]                     | 172.00                                  | 0.00                         | 0.00                                    | 0.00         | 0.00                  | 172.00        | 172.00   |
| Ò1-23-12                               | 97140       | Manual Therapy Techniques                     | 75.00                                   | 0.00                         | 0.00                                    | 0.00         | 0.00                  | 75.00         | 75.00    |
| 01-23-12                               | 97035       | Ultrasound                                    | 59.00                                   | 0.00                         | 0.00                                    | 0.00         | 0.00                  | 59.00         | 59.00    |
| 01-23-12                               | 97010       | Hot/Cold pack                                 | . 54.00                                 | 0.00                         | . 0.00                                  | 0.00         | 0.00                  | 54.00         | 54.00    |
| Total                                  |             |                                               | 360.00                                  | 0.00                         | 0.00                                    | 0.00         | 0.00                  | 360.00        | 380.00   |
| 01-25-12                               | 97110       | Therapeutic Exercise [2]                      | 172.00                                  | 0.00                         | 0.00                                    | 0.00         | 0.00                  | 172.00        | 172.00   |
| 01-25-12                               | 97140       | Manual Therapy Techniques                     | 75.00                                   | 00:00                        | 0.00                                    | 0.00         | 0.00                  | 75.00         | 75.00    |
| 01-25-12                               | 97035       | Ultrasound                                    | 59.00                                   | 0.00                         | 0.00                                    | 0.00         | 0.00                  | 59:00         | 69.00    |
| 01-25-12                               | 97010       | Hot/Cold pack                                 | 54.00                                   | 0.00                         | 0.00                                    | 0.00         | 0.00                  | . 54.00       | 54.00    |
| Total                                  |             |                                               | 360.00                                  | 0.00                         | 0.00                                    | 0.00         | 0.00                  | 360.00        | 360,00   |
| 01-30-12                               | 97110       | Therapeutic Exercise                          | 86.00                                   | 0.00                         | 0.00                                    | 0.00         | 0.00                  | 86,00         | 86.00    |
| 01-30-12                               |             | Manual Therapy Techniques                     | 75:00                                   | 0.00                         | 0.00                                    | 0.00         | 0.00                  | 75.00         | 75.00    |
| 01-30-12                               | 97036       | Ultrasound                                    | 59.00                                   | 0.00                         | 0.00                                    | 0.00         | 0.00                  | 59:00         | 59.00    |
| 01-30-12                               | 97010       | Hot/Cold pack                                 | 54.00                                   | 0.00                         | 0.00                                    | 0.00         | 0.00                  | 54.00         | 54.00    |
| Total                                  |             | · · · · · · · · · · · · · · · · · · ·         | 274.00                                  | 0.00                         | 0.00                                    | 0.00         | 0.00                  | 274.00        | 274.00   |
| 02-01-12                               | 97110       | Therapeutic Exercise                          | 00.88                                   | 0.00                         | .0.00                                   | اسمحصصسا     | 0,00                  | 86.00         | 86.00    |
| 02-01-12                               | ·           | Manual Therapy Techniques                     | 75.00                                   | 0.00                         |                                         | <del></del>  | 0,00                  | <u> </u>      | 75:00    |
| 02-01-12                               |             | Ultrasound                                    | 59.00                                   |                              |                                         | <del></del>  | 0.00                  |               | 59.00    |
| 02-01-12                               | 97010       | Hot/Cold pack                                 | 54,00                                   | 0.00                         | 0.00                                    |              | 0.00                  | 54.00         | 54.00    |
| Total                                  |             |                                               | 274.00                                  | 0.00                         | 400                                     |              | 0,00                  | 1945 Co. 1971 | 274.00   |
| 02-06-12                               | 97110       | Therapeutic Exercise [ 3]                     | 258.00                                  | 0.00                         | ļ                                       |              | 0.00                  | 258.00        | 258.00   |
| 02-06-12                               |             | Neuromuscular Re-education                    | 87,00                                   | 0.00                         | 0.00                                    | l            | 0.00                  | 87.00         | 87.00    |
| Total                                  |             |                                               | 345.00                                  | 0.00                         | ., , , , , , , , ,                      |              | , 0.00                | 10.1          | 345.00   |
| 04-03-12                               |             | Occupational Therapy Eval                     | 187.00                                  |                              | 0.00                                    |              | 0.00                  |               | 187.00   |
| 04-03-12                               | 97110       | Therapeutic Exercise                          | 86.00                                   |                              | <b>↓</b>                                | <u> </u>     | Q.00                  |               | 86.00    |
| 04-03-12                               |             | Manual Therapy Techniques                     | 75.00                                   |                              |                                         | L.:          | 0.00                  |               | 75,00    |
| 04-03-12                               | 97035       | Ultrasound                                    | 59.00                                   | <u> </u>                     |                                         |              | 0.00                  | ,             | 59.00    |
| Total 04-05-12                         | 07440       |                                               | 407,00                                  | 1                            |                                         |              | 0.00                  | 2             | 407.00   |
| 04-05-12                               |             | Therapeutic Exercise [ 2]                     | 172.00                                  | <u> </u>                     | 0.00                                    |              | 0.00                  |               | 172.00   |
| 04-05-12                               |             | Manual Therapy Techn [2]                      | 150,00                                  |                              |                                         |              | 0.00                  | .,            | 150,00   |
| 04-05-12                               | <del></del> | Ultrasound                                    | 59.00                                   |                              | 1                                       | 1 .          | 0.00                  |               | 59.00    |
| <u> </u>                               |             | Hot/Cold pack                                 | 54.00                                   |                              | ł                                       | <u> </u>     | 0.00                  |               | 54.00    |
| Total 04-10-12                         |             |                                               | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 0.00                         | 1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 7.55         |                       | 1 11          | 435.00   |
| 04-10-12                               |             | Therapeutic Exercise [2]                      | 172.00                                  | 4                            | <u> </u>                                |              | 0.00                  |               | 172.00   |
| 04-10-12                               |             | Manual Therapy Techniques Hot/Cold pack       |                                         | 0.00                         |                                         | 1            | 0.00                  |               | <b> </b> |
| Total                                  | 3/010       | <u>r                                     </u> | 54.00                                   |                              | L                                       | <u> </u>     | 0.00                  | '             | 54.00    |
| 04-12-12                               | 07440       | Therapeutic Exercise [2]                      | 301.00                                  | and the last of the          |                                         |              | 0.00                  |               |          |
| V-7-1Z-1Z                              | 97.110      | Trierabeutic Exercise [2]                     | 172.00                                  | 0.00                         | 0,00                                    | 0.00         | 0.00                  | 172.00        | . 172.00 |

| Edition of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | e3en -                                    | oracidada de la composição de la composição de la composição de la composição de la composição de la composição |        | nesperties    | # Williams                                       | a distri   | AVSÚRANOM | dairni.         |                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------|---------------|--------------------------------------------------|------------|-----------|-----------------|----------------|
| 04-12-12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 97035                                     |                                                                                                                 |        |               |                                                  |            |           |                 | NEW CONTRACTOR |
| 04-12-12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                           | Ultrasound                                                                                                      | 59.00  | <u> </u>      |                                                  | 0.00       | 0.00      | 59,00           | 59.00          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 97010                                     | HoVCold pack                                                                                                    | 54.00  |               | ·                                                | 0.00       | 0,00      | 54.00           | 54.00          |
| Total 04-16-12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 07440                                     |                                                                                                                 | 285.00 | 1 3 4 1 1 1 1 | 12 14 12 4 14 14 14 14 14 14 14 14 14 14 14 14 1 |            | 0.00      | 285.00          | 285.00         |
| 04-16-12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                           | Therapeutic Exercise [ 2]                                                                                       | 172.00 | <b>.</b>      |                                                  |            | 0.00      | 172.00          | 172,00         |
| 04-16-12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                           | Manual Therapy Techniques                                                                                       | 75.00  |               |                                                  |            | 0.00      | 75.00           | 75.00          |
| 04-16-12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 97035                                     | Ultrasound                                                                                                      | 59,00  |               |                                                  | 0.00       | 0.00      | 59.00           | 59.00          |
| <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 97010                                     | Hot/Cold pack                                                                                                   | 54,00  |               |                                                  |            | 0,00      | 54.00           | 54.00          |
| Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 07440                                     |                                                                                                                 | 360.00 | in a said tag | 31,7 45 17,1                                     |            | 0.00      | 16# Ft 16-2     | 360.00         |
| 04-18-12<br>04-18-12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 97110                                     |                                                                                                                 | 86.00  |               | <u> </u>                                         |            | 0,00      | 86;00           | 86.00          |
| The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa |                                           | Manual Therapy Techniques                                                                                       | 75.00  |               | 0.00                                             |            | 0.00      | · <b>7</b> 5;00 | 75.00          |
| 04-18-12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 97035                                     | Ultrasound                                                                                                      | 59.00  |               | 0.00                                             |            | 0.00      | 59:00           | 59.00          |
| 04-18-12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 97010                                     | Hot/Cold pack                                                                                                   | 54,00  |               | 0.00                                             |            | 0.00      | 54.00           | 54.00          |
| Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1-13. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |                                                                                                                 | 274.00 |               |                                                  | als 51 ° 4 | 0.00      | 274.00          | 274.00         |
| 04-26-12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 97110                                     | Therapeutic Exercise [ 2]                                                                                       | 172.00 |               | ·                                                |            | 0.00      | 1,7,2.00        | 172.00         |
| 04-26-12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 97140                                     | Manual Therapy Techniques                                                                                       | 75.00  | <del></del>   |                                                  | 0.00       | 0.00      | 75,00           | 75.00          |
| 04-26-12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 97035                                     | Ultrasound                                                                                                      | 59,00  |               | 0.00                                             | 0.00       | 0.00      | 59.00           | 59.00          |
| 04-26-12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 97010                                     | Hot/Cold pack                                                                                                   | 54.00  |               | 0.00                                             | 0.00       | 0.00      | 54.00           | 54.00          |
| Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | - 1                                       |                                                                                                                 | 360:00 |               |                                                  |            | 0.00      | 360.00          | 360.00         |
| 04-27-12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                           | Therapeutic Exercise                                                                                            | 86.00  | 0.00          | 0.00                                             | 0,00       | 0.00      | 86.00           | 86.00          |
| 04-27-12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 97140                                     | Manual:Therapy Techniques                                                                                       | 75.00  | 0.00          | 1                                                | 0.00       | 0.00      | 75.00           | 75.00          |
| 04-27-12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 97035                                     | Ultrasound                                                                                                      | 59,00  | 0.00          | 0.00                                             |            | 0.00      | 59.00           | 59.00          |
| 04-27-12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 97010                                     | Hot/Cold pack                                                                                                   | 54.00  | 0.00          |                                                  | 0,00       | 0.00      | 54.00           | 54.00          |
| Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                           |                                                                                                                 | 274.00 | * 11          | Tell 17                                          | 0.00       | 0.00      | 274.00          | 274.00         |
| 05-02-12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                           | Therapeutic Exercise [2]                                                                                        | 172.00 | 0.00          | 0.00                                             | 0.00       | 0.00      | 172.00          | 172.00         |
| 05-02-12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 97140                                     | Manual Therapy Techniques                                                                                       | 75.00  | 0.00          | 0.00                                             | 0.00       | . 0.00    | , 75.00         | 75,00          |
| 05-02-12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 97035                                     | Ultresound                                                                                                      | 59.00  | 0.00          | 0.00                                             | 0.00       | 0.00      | 59.00           | 59.00          |
| 05-02-12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 97010                                     | Hot/Cold pack                                                                                                   | 54:00  |               | 0.00                                             | 0.00       | 0.00      | 54.00           | 54:00          |
| Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                           |                                                                                                                 | 360.00 |               | 0.00                                             |            | 0.00      | 360.00          | 360.00         |
| 05-04-12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                           | Therapeutic Exercise                                                                                            | 86,00  | l             | 0,00                                             |            | 0.00      | 86.00           | 86.00          |
| 05-04-12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                           | Manual Therapy Techniques                                                                                       | 75:00  |               |                                                  |            |           | 75;00           |                |
| 05-04-12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                           | Ultrasound                                                                                                      | 59.00  |               |                                                  |            | 0.00      | 59.00           | 59,00          |
| 05-04-12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                           | Hot/Cold pack                                                                                                   | 54.00  |               |                                                  |            | . 0.00    | 54,00           | 54.00          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           | 性性。64、性的 10gg 18、文、艺                                                                                            | 274.00 |               | · '''' ''' '                                     |            | 0.00      | 274.00          | 274.00         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           | Therapeutic Exercise [ 2]                                                                                       | 172,00 |               | · ·                                              |            |           | 172.00          | 172.00         |
| 05-07-12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                           | Manual Therapy Techniques                                                                                       | 75,00  |               |                                                  |            |           | 75.00           | 75.00          |
| 05-07-12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                           | Ultrasound                                                                                                      | 59.00  |               |                                                  |            | .0.00     | 59.00           | 59.00          |
| 05-07-12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 97010                                     | Hot/Cold pack                                                                                                   | 54.00  |               |                                                  |            | 0,00      | 54.00           | 54.00          |
| Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                           | 国政化。他是北海军的工作,但是                                                                                                 | 360.00 | 0.00          | 0.00                                             | 0.00       | 0,00      | 360.00          | 360,00         |

| Toyanin kana<br>Tayanin kana | ्वार्थाः,      | necesamilary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | in political e | TREAL TO SE |                            | A de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| 05-10-12                     | 97110<br>97010 | Therapeutic Exercise [.3]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 258.00         | 0.00        | <u> </u>                   | 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| -                            | SIOIA          | Hot/Cold pack                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| Total                        | 10744b         | 2 An 163 An 164 An 164 An 164 An 164 An 164 An 164 An 164 An 164 An 164 An 164 An 164 An 164 An 164 An 164 An                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 312.00         | 0.00        | ****                       | <del> </del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| 05-15-12                     | 97110          | Therapeutic Exercise [ 2]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| 05-15-12                     | 97140          | Manual Therapy Techniques                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| 05-15-12                     | 97035          | Ultrasound                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| 05-15-12                     |                | Hot/Cold pack                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| 05-17-12                     | 97035          | Ultrasound                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| 05-17-12                     | 97010          | Hot/Cold pack                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| Total 05-24-12               | 07440          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| 05-24-12                     | .97110         | Therapeutic Exercise                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| 05-24-12                     | 97140          | Manual Therapy Techniques                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| 05-24-12                     | 97035          | Últrasound                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| 7                            | 97010          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| Total                        | 10.14          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| 05-25-12                     | 97110          | Therapeutic Exercise                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 86:00          | ,           | ļ ; 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| 05-25-12                     | 97,140         | Manual Therapy Techniques                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| 05-25-12                     | 97035          | Ultrasound                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| 05-25-12                     | 97010          | Hot/Cold pack                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| 05-31-12                     | 97110          | Therapeutic Exercise                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| 05-31-12                     |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| 05-31-12                     | 97035          | Ultrasound                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| 05-31-12                     | 97010          | Hot/Cold pack                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| Total                        |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| 06-04-12                     | 97110          | Therapeutic Exercise [2]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| 06-04-12                     | 97140          | Manual Therapy Techniques                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| 06-04-12                     |                | Ultraspund                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| 06-04-12                     | 97010          | Hot/Cold pack                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| Total                        |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| 07-16-12                     |                | Occupational Therapy Eval                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| 07-16-12<br>07-16-12         |                | Therapeutic Exercise                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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|                              |                | E-Stim Unattended                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 54.00          |             |                            | 1 1 1 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 0.00          | ! 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| Total                        |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| 07-19-12                     |                | Therapeutic Exercise [2]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 172.00         |             | <u>'</u>                   | 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| 07-19-12                     |                | Manual Therapy Techniques                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 75.00          | <u> </u>    |                            | 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| 07-19-12                     | 97010          | Hot/Cold pack                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 54.00          | 0.00        | -0.00                      | 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| हाल है। (हैं। क्षेत्र का है।<br>हा होता (हैं। क्षेत्र के स्वाह्य) | ë##       | ं विश्वस्थानावितः                                 | dalei           |                                           |                  | εΑΕΝΟΣΤΑ | (Nethrania) | A HAVIONI'S    | 1507.15          |
|-------------------------------------------------------------------|-----------|---------------------------------------------------|-----------------|-------------------------------------------|------------------|----------|-------------|----------------|------------------|
| Total                                                             | State of  |                                                   | 301.00          | 0.00                                      | 0.00             | 0.00     | ×0:00       | 301.00         | 204.00           |
| 07-23-12                                                          | 97110     | Therapeutic Exercise [2]                          | 172.00          | 1                                         | P 10 1 1 1 1     |          | 25.5 25.11  |                | 301.00<br>172.00 |
| 07-23-12                                                          |           | Manual Therapy Techniques                         | 75.00           | <u> </u>                                  |                  |          | 0.00        | 75.00          | 75.00            |
| 07-23-12                                                          | 97010     | Hot/Cold pack                                     | 54.00           |                                           | <u> </u>         | 1        | 0.00        |                | 54.00            |
| Total                                                             |           | WITH WEB IN THE TOTAL                             | 301.00          | -                                         |                  | 1        | 0.00        | 301.00         | 301.00           |
| 07-26-12                                                          | 97110     | Therapeutic Exercise                              | 86.00           |                                           |                  |          | 17.5        | 86.00          | 86.00            |
| 07-26-12                                                          | 97140     | Manual Therapy Techniques                         | 75.00           | 0:00                                      | 0.00             | 0.00     | 0.00        | 75.00          | 75,00            |
| 07-26-12                                                          |           | Ultrasound                                        | 59.00           | 0.00                                      | 0.00             | 0.00     | 0.00        | 59.00          | 59.00            |
| 07-26-12                                                          | 97010     | Hot/Cold pack                                     | 54.00           | 0.00                                      | 0.00             | 0,00     | 0.00        | 54.00          | 54.00            |
| Total                                                             |           | <b>第</b> 27条10条 器 探的表示。                           | 274.00          | 0.00                                      | 0.00             | 0.00     | 0.00        | 274.00         | 274.00           |
| 07-30-12                                                          | 97110     | Therapeutic Exercise [ 2]                         | 172.00          |                                           | . 0.00           |          | 0.00        | 172.00         | 172.00           |
| 07-30-12                                                          |           | Manual Therapy Techniques                         | 75.00           | 1                                         | 0.00             | . 0.00   | 0.00        | 75.00          | 75.00            |
| 07-30-12                                                          |           | Hot/Cold pack                                     | 54.00           | 1                                         |                  |          | 0.00        | 54,00          | 54.00            |
| Total                                                             | A Marie   |                                                   | 301.00          | रिवीर के स                                |                  | 0.00     | 0.00        | 301 00         | 301.00           |
| 08-02-12                                                          | <u>_</u>  | Therapeutic Exercise                              | 86.00           |                                           |                  | 0.00     | 0.00        | 86,00          | 86,00            |
| 08-02-12                                                          |           | Manual Therapy Techniques                         | 75.00           | . · · ·                                   |                  | 0.00     | 0.00        | 75.00          | 75,00            |
| 08-02-12                                                          | 97035     | Ultrasound                                        | 59:00           |                                           |                  |          | 0.00        | 59.00          | 59.00            |
| Total                                                             |           | <b>发展的影響時間推進了的影響</b>                              | 220.00          | 47. 44. 40.00                             | 2,42, 3,275, 100 | 1 79     | 0.00        | 220.00         | 220.00           |
| 08-06-12<br>08-06-12                                              |           | Therapeutic Exercise                              | 86.00           |                                           | 0.00             | 0.00     | 0.00        | 86.00          | 86.00            |
| 08-08-12                                                          |           | Manual Therapy Techniques                         | 75.00           | 1:                                        | 0,00             | ,        | 0.00        | 75.00          | 75.00            |
| 08-06-12                                                          |           | Ultrasound .                                      | 59.00           | <u> </u>                                  |                  |          | 0.00        | 59:00          | 59.00            |
|                                                                   | 97010     | HovCold pack                                      | 54,00           | <u> </u>                                  | 0.00             |          | 0.00        | 54.00          | 54.00            |
| Total<br>08-09-12                                                 | 97110     |                                                   | 274.00          |                                           | 7 7 7 7          |          | 0.00        | 274,00         | 274.00           |
| 08-09-12                                                          |           | Therapeutic Exercise                              | 66,00           | <del></del>                               | 0.00             |          | 0.00        | 86.00          | 86,00            |
| 08-09-12                                                          |           | Manual Therapy Techniques Ultrasound              | 75.00           |                                           | <u> </u>         | 0,00     | 0,00        | 75.00          | 75.00            |
| 08-09-12                                                          | 97010     | Hot/Cold pack                                     | 59.00           |                                           | 0.00             | f        | 0.00        | 59.00          | 59.00            |
| Total 1                                                           |           | CONTRACTOR OF THE PROPERTY OF THE PROPERTY OF THE | 54.00           |                                           | 0.00             | 0.00     | 0.00        | 54.00          | 54.00            |
| 08-16-12                                                          | 97110     | Therapeutic Exercise                              | 274.00<br>86.00 | PHE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 0.00             | 6 7 - 1a | 0.00        | 274.00         | 274.00           |
| 08-16-12                                                          |           | Manual Therapy Techniques                         | 75:00           |                                           | 0.00             |          | 0.00        | 86.00<br>75.00 | 86.00<br>75.00   |
| 08-16-12                                                          |           | Ultrasound                                        | 59.00           |                                           |                  |          | 0.00        | 59.00          | 59.00            |
| 08-16-12                                                          |           | Hol/Cold pack                                     | 54.00           |                                           |                  |          | 0:00        | 54.00          | 54.00            |
| Total                                                             |           | RAN BOULSTON                                      | 274.00          |                                           |                  | i .      | € 0.00      | 274.00         | 274.00           |
| 08-20-12                                                          | 97110     | Therapeutic Exercise [2]                          | 172.00          |                                           |                  |          | 0,00        | 172.00         | 172.00           |
| 08-20-12                                                          |           | Manual Therapy Techniques                         | 75.00           |                                           |                  | 0.00     | 0.00        | 75.00          | 75.00            |
| Total                                                             | Arr. W    |                                                   | 247.00          |                                           | •                |          | 0.00        | 247,00         | 247.00           |
| 08-23-12                                                          | 97110     | Therapeutic Exercise [4]                          | 344.00          | 1 1 1 1 1 1                               |                  | 71       | 0.00        | 344,00         | 344.00           |
| Total                                                             | Marie Ser |                                                   | 344.00          | 0,00                                      | 1                |          | 0:00        |                | 344.00           |

| โตยกับสิ่งสุด<br>ได้เกมียนที่เกี่ย | TTTT.       | ् विद्धारम्भाष्ट्रास्                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ્રાદ્યાં કાર્ય                                   | ikeliti (Kel     |          | i i giveni                              | UNEURANDE | TANK NEW                                       |                 |
|------------------------------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------|----------|-----------------------------------------|-----------|------------------------------------------------|-----------------|
| *08-28-12                          | 97110       | Therapeutic Exercise                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 86.00                                            |                  |          |                                         | TAN VALUE |                                                | MAY NO          |
| 08-28-12                           | 97140       | Manual Therapy Techniques                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u> </u>                                         | ,                |          |                                         |           |                                                |                 |
| 08-28-12                           | 97035       | Ultrasound                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 75.00<br>59.00                                   | <u> </u>         |          | - 1                                     | 3         | <u>(                                      </u> |                 |
| 08-28-12                           | 97.010      | Hot/Cold pack                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 54.00                                            |                  |          | <u> </u>                                | <u> </u>  | · · · · · · · · · · · · · · · · · · ·          |                 |
| Total                              | 10 mg/s     | 1.00 (6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <del>                                     </del> |                  | <u> </u> |                                         | 11. "     |                                                | 54.00           |
| 08-30-12                           | 97110       | Therapeutic Exercise                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 274.00<br>86.00                                  | 100 market 100 m | 1. 10 10 | · • • • • • • • • • • • • • • • • • • • | 1         | 1 1018                                         | 274.00          |
| 08-30-12                           | 97140       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 75.00                                            | 1                |          |                                         | 0.00      |                                                | 86.00           |
| 08-30-12                           | 1           | HoVCold pack                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 54.00                                            | <u>l</u>         | <u> </u> | <u> </u>                                | 0.00      |                                                | 75.00           |
| Total                              |             | State of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state | 215.00                                           |                  | <u> </u> |                                         | 0.00      | <del>  ' '                              </del> | 54.00           |
| 09-11-12                           | 7.5 14.5    | Therapeutic Exercise [ 2]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 172.00                                           | 4 (1)            |          |                                         | 0.00      |                                                | 215.00          |
| 09-11-12                           | 97.140      | Manual Therapy Techniques                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 75.00                                            | 1                |          | <u>,</u>                                | 0.00      |                                                | 172.00          |
| 09-11-12                           | 97010       | Hot/Cold pack                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 54.00                                            |                  |          | 10.1                                    | 0.00      | <u> </u>                                       | 75.00           |
| Total                              | (S) (S      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 301.00                                           | 0.00             | 0.00     |                                         | 0.00      |                                                | 64.00           |
| 09-13-12.                          | 97110       | Therapeutic Exercise                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 86.00                                            | 1                | 0.00     | 36.0                                    | 0.00      | 301.00                                         | 301.00          |
| 09-13-12                           | 97140       | Manual Therapy Techniques                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 75.00                                            | 0.00             | 0.00     |                                         | 0.00      | 86,00<br>75,00                                 | 86.00           |
| 09-13-12                           |             | Ultrasound                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 59.00                                            | 0.00             | 0.00     | · ''                                    | 0.00      | 75,00<br>59.00                                 | 75.00           |
| 09-13-12                           | 97010       | Hot/Cold pack                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 54.00                                            | 0.00             |          |                                         | 0.00      | 54.00                                          | 59.00           |
| Total                              | A PART OF A | PERFORMANCE SERVICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 274.00                                           | 0,00             |          |                                         | 0.00      | 274.00                                         | 64.00           |
| 09-18-12                           | 97110       | Therapeutic Exercise                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 86.00                                            | 0.00             | 0.00     |                                         | 0.00      | 86.00                                          | 274,00<br>86.00 |
| 09-18-12                           | 97 140      | Manual Therapy Techniques                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 75.00                                            | . 0.00           | 0.00     | ا المسلم                                | 0.00      | 75.00                                          | 75.00           |
| 09-18-12                           | 97035       | Ultrasound                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 59.00                                            | 0.00             | 0,00     |                                         | 0,00      | 59.00                                          | 59,00           |
| 09-18-12                           | 97010       | Hot/Cold pack                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 54.00                                            | 0.00             | 0.00     | 0.00                                    | 0.00      | 54.00                                          | 54.00           |
| l otal                             | 11年第1       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 274.00                                           | 0.00             |          |                                         | 0.00      | 274,00                                         | 274.00          |
| 09-20-12                           |             | Therapeutic Exercise [-2]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 172.00                                           | 0.00             | 0.00     |                                         | 0.00      | 172.00                                         | 172.00          |
| 09-20-12                           |             | Manual Therapy Techniques                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 75,00                                            | 0.00             | 0.00     | 0.00                                    | 0.00      | 75.00                                          | 75.00           |
| 09-20-12                           | 97035       | Ultrasound                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 59.00                                            | 0.00             | 0.00     | 0.00                                    | 0.00      | 59.00                                          | 59.00           |
| Total                              |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 306.00                                           | 0.00             | 0.00     | 0:00                                    | 0.00      | 306.00                                         | 306.00          |
| 09-21-12                           |             | Therapeutic Exercise                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 86.00                                            | 0.00             | 0.00     | 0:00                                    | 0.00      | 86.00                                          | 86.00           |
| 09-21-12                           |             | Manual Therapy Techniques                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 75.00                                            | 0.00             | 0.00     | 0.00                                    | 0.00      | 75.00                                          | 75.00           |
| 09-21-12                           |             | Ultrasound                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 59.00                                            | 0.00             | 0.00     | 0.00                                    | 0,00      | 59.00                                          | 59.00           |
| 09-21-12                           |             | Hot/Cold pack                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | , 54.00                                          | 0.00             | 0.00     | 00:00                                   | 0,00      | 54.00                                          | 54.00           |
| Total                              | (Elland     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 274:00                                           | 0.00             | 0.00     | 0.00                                    | 0.00      | 274.00                                         | 274.00          |
| 09-25-12                           |             | Therapeutic Exercise                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 86.00                                            | 0.00             | 0.00     | 0.00                                    | 0.00      | 86,00                                          | 86:00           |
| 09-25-12                           |             | Manual:Therapy Techniques                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 75:00                                            | 0.00             | 0.00     | 0,00                                    | 0,00      | 75.00                                          | 75.00           |
| 09-25-12                           |             | Ultrasound                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 59.00                                            | . 0.00           | 0.00     | 0.00                                    | 0.00      | 59.00                                          | 59.00           |
| 09-25-12                           |             | Hot/Cold pack                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 54.00                                            | 0.00             | 0.00     | 0.00                                    | 0.00      | 54.00                                          | 54.00           |
|                                    | \$ 1 TO     | file to the second                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 274.00                                           | 0.00             | 0,00     | 0.00                                    | 0.00      | 274.00                                         | 274.00          |
| 09-27-12                           | 3/110:      | Therapeutic Exercise                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 86,00                                            | 0.00             | 0.00     | 0.00                                    | 0.00      | 00.88                                          | 86,00           |

| [6)/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | and the     |                                                                   | 1600 September 2 | inpagnasani s |        |            |               | t les not l'évare, un revers               | EPARAMAN TANKS |
|------------------------------------------|-------------|-------------------------------------------------------------------|------------------|---------------|--------|------------|---------------|--------------------------------------------|----------------|
| STATIONAL OF                             | (3.00)      | in real translater                                                | activatels.      | 17.1          | i ni e | AT IU II-I | [2] AV AVECTS | 15.16.16.16.16.16.16.16.16.16.16.16.16.16. | #/\EX\##\}     |
| 09-27-12                                 | 97140       | Manual Therapy Techniques                                         | 75,00            | 0.00          | 0.00   | 0.00       | 0.00          | 75.00                                      | 75.00          |
| .09-27-12                                | 97035       | Ultrasound'                                                       | 59.00            | 0.00          | 0.00   | 0.00       | 0.00          | 59,00                                      | 59,00          |
| 09-27-12                                 | 97010       | Hot/Cold pack                                                     | 54.00            | 0.00          | 0.00   | 0,00       | 0.00          | 54.00                                      | 54.00          |
| Total                                    | 28.6        | 图 第二世格公路/专工 1.390年级。                                              | 274.00           | 0.00          | 0.00   | 0.00       | 0.00          | 274.00                                     | 274.00         |
| 09-28-12                                 | 97110;      | Therapeutic Exercise                                              | 86.00            | 0.00          | 0.00   | 0.00       | 0.00          | 86.00                                      | 86.00          |
| 09-28-12                                 | 97140       | Manual Therapy Techniques                                         | 75.00            | 0.00          | 0.00   | 0.00       | 0.00          | 75.00                                      | 75.00          |
| .09-28-12                                | 97035       | Ultrasound                                                        | 59.00            | 0.00          | 0.00   | 0:00       | 0.00          | 59.00                                      | 59.00          |
| 09-28-12                                 | 97010       | Hot/Cold pack                                                     | 54.00            | 0.00          | 0.00   | 0.00       | 0.00          | 54.00                                      | 54.00          |
| <b>Total</b>                             |             | 主要的成立是自然,并是基础的自然的                                                 | 274.00           | 0.00          | 0.00   | 0.00       | 0.00          | 274.00                                     | 274:00         |
| 10-02-12                                 |             | Therapeutic Exercise                                              | 86.00            | 0.00          | 0.00   | 0.00       | 0.00          | 86.00                                      | 86.00          |
| 10-02-12                                 |             | Manual Therapy Techniques                                         | 75.00            | 0.00          | 0.00   | 0.00       | 0.00          | 75.00                                      | 75.00          |
| 10-02-12                                 | h           | Ultrasound                                                        | 59.00            | 0.00          | 0.00   | 0.00       | 0.00          | <b>5</b> 9.00                              | 59,00          |
| 10-02-12                                 |             | Hot/Cold pack                                                     | .54.00           | 0.00          | 0.00   | 0.00       | 0.00          | 54.00                                      | 54.00          |
| Total                                    | 建能。清陽       | 31.3 (2) (198) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4 | 274.00           | 0.00          | 0.00   | 0,00       | 0,00          | 274.00                                     | 274.00         |
| 10-04-12                                 |             | Therapeutic Exercise                                              | 86.00            | 0.00          | 0.00   | 0.00       | 0.00          | 86,00                                      | 86.00          |
| 10-04-12                                 |             | Manual Therapy Techniques                                         | 75.Q0            | 0.00          | 0.00   | 0.00       | 0.00          | 75.00                                      | 75.00          |
| 10-04-12                                 |             | Ultrasound                                                        | 59.00            | . 0.00        | 0.00   | 0.00       | 0.00          | 59.00                                      | . 59.00        |
| 10-04-12                                 | 97010       | Hot/Cold pack                                                     | . 54:00          | 0.00          | 0.00   | 0.00       | 0.00          | 54.00                                      | 54.00          |
| Tota/                                    | 看 落         |                                                                   | 274.00           | 0.00          | 0,00   | ું 👾 0.00  | 0.00          | 274.00                                     | 274.00         |
| 10-05-12                                 | 97110       | Therapeutic Exercise [ 2]                                         | 172.00           | 0.00          | 0.00   | 0.00       | 0.00          | 172.00                                     | 172.00         |
| 10-05-12                                 |             | Manual Therapy Techniques                                         | 75.00            | 0,00          | 0.00   | 0.00       | 0.00          | 75.00                                      | 75.00          |
| 10-05-12                                 | .97035      | Ultrasound ·                                                      | 59.00            | 0.00          | 0.00   | 0.00       | 0.00          | 59.00                                      | 69.00          |
| Total                                    |             | <b>紫海洋群群 经保险</b> 基本条件                                             | 306.00           | 0,00          | 0.00   | 0.00       | 0.00          | 306.00                                     | 306.00         |
| 10-09-12                                 |             | Therapeutic Exercise [,2],                                        | 172.00           | 0.00          | 0.00   | 0.00       | 0.00          | 172,00                                     | 172.00         |
| 10-09-12                                 |             | Manual Therapy Techniques                                         | 75.00            | 0.00          | 0,00   | 0.00       | 0.00          | 75.00                                      | 75.00          |
| 10-09-12                                 |             | Ultrasound                                                        | 59.00            | 0.00          | 0.00   | 0.00       | 0.00          | 59.00                                      | 59.00          |
| 10-09-12                                 | 97010       | Hot/Cold pack                                                     | 54.00            | 0.00          | 0.00   | 0.00       | 0.00          | 54.00                                      | 54.00          |
| Total                                    | 100         |                                                                   | 360.00           | 0.00          | 0.00   | 0.00       | 0.00          | 360.00                                     | 360:00         |
| 10-11-12                                 |             | Therapeutic Exercise                                              | 86,00            | 0.00          | 0.00   | 0.00       | 0.00          | 86.00                                      | 86.00          |
| 10-11-12                                 |             | Manual Therapy Techniques                                         | 75.00            | 0.00          | 0.00   | 0.00       | 0.00          | 75.00                                      | 75.00          |
| 10-11-12                                 |             | Ultrasound                                                        | 59.00            | 0.00          | 0.00   | 0.00       | 0.00          | 59.00                                      | 59.00          |
| 10-11-12                                 | 20 00 00 00 | Hot/Cold pack                                                     | 54.00            | 0.00          | 0.00   | 0.00       | 0.00          | 54.00                                      | 54.00          |
|                                          | 经统计         | 斯斯·斯·斯·亚克里克斯斯                                                     | 274.00           | <b>0.00</b>   | 0.00   | 0.00       | 0.00          | 274.00                                     | 274.00         |
| 10-12-12                                 | <del></del> | Therapeutic Exercise                                              | 00,88            | 0.00          | 0.00   | 0.00       | 0.00          | 86.00                                      | 86.00          |
| 10-12-12                                 |             | Manual Therapy Techniques                                         | 75.00            | 0.00          | 0.00   | 0.00       | 0.00          | 75:00                                      | 75.00          |
| 10-12-12                                 |             | Ultrasound                                                        | 59.00            | . 0.00        | 0.00   | 0.00       | ··· 0.00      | 59.00                                      | 59.00          |
| 10-12-12                                 |             | Hol/Cold pack                                                     | 54.00            | 0.00          | 0.00   | 0.00       | 0.00          | 54.00                                      | 54.00          |
| Total                                    | 國際 被於       | All Mark St. Selfanyan keril                                      | 274.00           | 0.00          | 0.00   | 0.00       | 0.00          | 274.00                                     | 274.00         |

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| ToXXuta op:       | of the last  | ्राजनसम्बद्धाः                       | []][/.v <sub>i</sub> (c]=-            | 11/16/11/11/11/11/11/11/11/11/11/11/11/1 |               | Mana.    |          | ราชาติ <b>เก</b>                        |         |
|-------------------|--------------|--------------------------------------|---------------------------------------|------------------------------------------|---------------|----------|----------|-----------------------------------------|---------|
| 10-16-12          | 97110        | Therapeutic Exercise                 | 86.00                                 | 0.00                                     | 0,00          | 0.00     | 0.00     | 86.00                                   | 00.00   |
| 10-16-12          |              | Manual Therapy Techniques            | 75.00                                 | 1.                                       |               | 7        | 0.00     | <u>'</u>                                | 75.00   |
| 10-16-12          |              | Hot/Cold pack                        | 54.00                                 | 0.00                                     |               | 0.00     | 0.00     |                                         | 54.00   |
| 10-16-12          |              | Ultrasound                           | 59,00                                 |                                          | 0.00          | <u> </u> | 0.00     |                                         | .59.00  |
| Total             | TO THE       |                                      | 274.00                                | 1                                        | 0,00          |          | 0.00     |                                         | 274.00  |
| 10-18-12          | 971.10       | Therapeutic Exercise [2]             | 172.00                                | 0.00                                     | 0.00          | 3 67     | 0.00     | 34.5                                    | 172.00  |
| 10-18-12          |              | Manual Therapy Techniques            | 75.00                                 |                                          | 0.00          | 0.00     | 0.00     | ·                                       | 75.00   |
| 10-18-12          |              | Ultrasound:                          | 59.00                                 |                                          | 0.00          | 0.00     | 0.00     |                                         | 69.00   |
| Total             |              |                                      | 306,00                                |                                          |               | 0.00     | 0.00     |                                         | 308.00  |
| 10-19-12          | 97110        | Therapeutic Exercise [.4]            | 344.00                                | 0.00                                     | 0.00          | 0.00     | 0.00     | 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 344.00  |
| 10-19-12          | 97140        | Manual Therapy Techniques            | 75.00                                 | 0.00                                     | , , ,         | 1        | 0.00     |                                         | 75.00   |
| 10-19-12          | 97035        | Ultrasound                           | 59.00                                 |                                          | 0.00          | 0.00     | 0,00     | <u> </u>                                | 69.00   |
| Total             | 913 19       |                                      | 478,00                                | 0:00                                     | 0.00          | 0.00     | 0/00     |                                         | 478.00  |
| 12-12-12          | 97003        | Occupational Therapy Eval            | 187.00                                | 0.00                                     | 0.00          | -117.00  | 0.00     | 101                                     | 187.00  |
| Payment           | PCC          | CREDIT CARD                          |                                       |                                          | -70.00        |          | <u></u>  | -70,00                                  | -70.00  |
| 12-12-12          | 99070        | Blofreeze Rallon 3oz                 | 14.00                                 | 0.00                                     | 0.00          | 0.00     | 0.00     |                                         | 14.00   |
| Payment           | PCC          | CREDIT CARD                          | · · · · · · · · · · · · · · · · · · · |                                          | -14.00        |          |          | -14.00                                  | -14.00  |
| Total             |              | <b>阿尔马多斯·西马斯尔斯斯斯罗</b> 斯马马            | 201.00                                | 0.00                                     | -84,00        | -117.00  | 0.00     | 0.00                                    | 0.00    |
| 12-21-12          | 97110        | Therapeutic Exercise                 | 86.00                                 | 0.00                                     | 0.00          | -16,00   | 0.00     | 86,00                                   | 86.00   |
| Payment           | PCC          | CREDIT CARD                          |                                       |                                          | -70,00        |          |          | -70.00                                  | -70.00  |
| 12-21-12          |              | Manual Therapy Techniques            | 75. <b>0</b> 0                        | 0.00                                     | .0.00         | -75.00   | 0,00     | 75.00                                   | . 75.00 |
| 12-21-12          | 97035        | Ultrasound                           | 59.00                                 | 0.00                                     | ,0,00         | -59.00   | 0.00     | 59.00                                   | 59.00   |
| 12-21-12          | 97010        | Hot/Cold pack                        | 54.00                                 | 0.00                                     | 0.00          | -54,00   | 0.00     | 54.00                                   | 54.00   |
| Total             |              |                                      | 274.00                                | 3 1                                      | -70.00        | 204.00   | 0.00     | 0.00                                    | 0.00    |
| 12-28-12          | 97140        | Manual Therapy Techn [-2]            | 150.00                                | 0.00                                     | 0.00          | -80.00   | 0,00     | 150.00                                  | 150.00  |
| Payment           | PCC          | CREDIT CARD                          |                                       |                                          | -70.00        |          |          | -70.00                                  | -70.00  |
| 12-28-12          | 97035        | Ultrasound                           | 59:00                                 | 0.00                                     | ∴ 0.00        | -59.00   | 0.00     | 59.00                                   | 59.00   |
| 12-28-12          | 97010        | Hot/Cold pack                        | 54.00                                 | 0.00                                     | 0.00          | -54.00   | . 0.00   | 54.00                                   | 54,00   |
| Total             |              | e filter from Signification          | 263.00                                | 140 14                                   | -70.00        | 193.00   | 0.00     | 110                                     | 0.00    |
| 12-31-12          |              | Manual Therapy Techniques            | 75.00                                 | 0.00                                     |               | -5.00    | : . 0.00 |                                         | 75.00   |
| Payment           |              | CREDIT CARD                          |                                       |                                          | -70.00        |          |          | -70.00                                  | -70.00  |
| 12-31-12          | 97035        | Ultrasound                           | 59.00                                 | 0.00                                     | 0.00          |          | 0.00     |                                         | 59.00   |
| Total 01-04-13    |              |                                      | 134.00                                |                                          | 5 is 5 mg m/8 | 194.3    | 0.00     |                                         | 0.00    |
| Payment           |              | Manual Therapy Techn [2] CREDIT CARD | 150:00                                | 0.00                                     |               | -80.00   | . 0,00   |                                         | 150.00  |
| 01-04-13          |              | Therapeutic Exercise                 |                                       |                                          | -70.00        |          |          | -70.00                                  | ~70.00  |
| 01-04-13          | <u> </u>     |                                      | 86.00                                 | 0.00                                     | 0.00          | -86.00   | 0.00     | I                                       | 86.00   |
| (Total            | Make to de l |                                      | 59.00                                 |                                          | 0.00          |          | 0.00     |                                         | 59.00   |
| 图 <b>是语</b> 图图(2) | 學問題          | <b>建位的基础</b> 学位4月,其中基                | 295.00                                | 0.00                                     | 70.00         | -225.00  | 0.00     | 0.00                                    | 0.00    |

| ្តែមួស្សនៅ<br>  នាម្ចាស់ព្រះស្បីរ | 517 F    | ર્ક ભવ્યવેદાની આદેશ                              | (MARIE)     | सिर्दाणी;%पर्दां वे =<br>दर्दरण ×     | 13 SM a.c.                              | /30-11UEM    | [[3]=[0]=2 {\][6]=5<br>[6]=14[4](6]=1 | ENAMES<br>LVIII (VIII) | istani aktis |
|-----------------------------------|----------|--------------------------------------------------|-------------|---------------------------------------|-----------------------------------------|--------------|---------------------------------------|------------------------|--------------|
| 01-11-13                          | 97140    | Manual Therapy Techn [2]                         | 150.00      | 0.00                                  | 0.00                                    | : -80.00     | 0.00                                  | 150.00                 | 150.00       |
| Payment                           | PCC      | CREDIT CARD                                      | <u> </u>    | · · · · · · · · · · · · · · · · · · · | -70.00                                  |              |                                       | -70.00                 | -70.00       |
| 01-11-13                          | 97110    | Therapeutic Exercise                             | 86.00       | .0.00                                 | 0.00                                    | -86,00       | 0.00                                  | 86.00                  | 86.00        |
| 01-11-13                          | 97035    | Ultrasound                                       | 59.00       | 0,00                                  | 0.00                                    | -59.00       | 0.00                                  | 59,00                  | 69.00        |
| Total                             |          |                                                  | 295.00      | 0,00                                  | 3 -70,00                                | -225.00      | 0.00                                  | 0.00                   | 0.00         |
| 01-30-13                          | 97110    | Therapeutic Exercise [3]                         | 258.00      | 0.00                                  | 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 7 117 5 1179 | 0.00                                  | 258.00                 | 258.00       |
| Payment                           | PCC      | CREDIT CARD                                      | <del></del> |                                       | -70.00                                  |              |                                       | -70,00                 | -70.00       |
| 01-30-13                          | 97035    | Ulfrasound                                       | 59.00       | 0.00                                  | 0.00                                    | -59.00       | 0.00                                  | 59.00                  | 59,00        |
| 01-30-13                          | A4468    | BandiT Forearm Splint :                          | 49.00       | 0.00                                  | 0,00                                    | -49:00       | 0.00                                  | : 49:00                | 49.00        |
| Total                             |          |                                                  | 366.00      | 0.00                                  | 70.00                                   | 296.00       | 0,00                                  | ∜. ⊎0.00               | 0,00         |
| 02-05-13                          | L3808    | WHFO, Rigid w/o joints                           | 445.00      | 0.00                                  | 0:00                                    | -375,00      | 0.00                                  | 445.00                 | 445.00       |
| Payment                           | PCC      | CREDIT CARD                                      |             |                                       | -70.00                                  |              |                                       | -70.00                 | -70.00       |
| Total                             |          | 24、常是1960年的。 248 時間                              | 445.00      | 0,00 E                                | 70.00                                   | 375 00       | 4 0.00                                | 0.00                   | 0.00         |
| 02-08-13                          | 97110    | Therapeutic Exercise                             | 86.00       | 0.00                                  | 0.00                                    | -16.00       | 0.00                                  | 86.00                  | 86.00        |
| Payment                           | PCC      | CREDIT CARD                                      |             |                                       | -70.00                                  |              |                                       | -70.00                 | -70.00       |
| 02-08-13                          | 97140    | Manual Therapy Techniques                        | 75.00       | 0.00                                  | 0.00                                    | -75.00       | 0.00                                  | 75.00                  | 75.00        |
| 02-08-13                          | 97035    | Uitrasound                                       | 59:00       | 0.00                                  | 0.00                                    | -59:00       | 0.00                                  | 59.00                  | 59.00        |
| Total                             | 28 C A   | <b>观题的影响 一种 等等的 第二条公司</b>                        | 220.00      | 0.00                                  | -70,00                                  | -150.00      | 0.00                                  | 0.00                   | 0.00         |
| 02-14-13                          | 97110    | Therapeutic Exercise                             | 86.00       | 0.00                                  | 0.00                                    | -16,00       | 0.00                                  | 86.00                  | 86.00        |
| Payment                           | PCC      | CREDIT CARD                                      |             |                                       | -70.00                                  |              |                                       | -70.00                 | -70.00       |
| 02-14-13                          | 97140    | Manual Therapy Techniques                        | 75.00       | 0.00                                  | : 0.00                                  | -75.00       | 0,00                                  | 75:00                  | 75.00        |
| 02-14-13                          | 97035    | Ultrasound                                       | 59.00       | 0.00                                  | 0.00                                    | -59.00       | 0.00                                  | 59:00                  | 59.00        |
| Total                             | in t     | 一名的特殊的 李本 计设置操作                                  | 220.00      | 0.00                                  | 70.00                                   | -150:00      | 0.00                                  | 0.00                   | 0,00         |
| 02-15-13                          | 97110    | Therapeutic Exercise                             | 86.00       | 0.00                                  | 0.00                                    | -16,00       | 0.00                                  | 86.00                  | 86.00        |
| Payment                           | PCC      | CREDIT CARD                                      |             |                                       | -70.00                                  |              |                                       | -70.00                 | -70.00       |
| 02-16-13                          | 97140    | Manual Therapy Techniques                        | 75.00       | 0.00                                  | 0.00                                    | -75.00       | 0.00                                  | 75.00                  | 75.00        |
| 02-15-13                          | 97035    | Ultrasound                                       | 59.00       | 0.00                                  | 0.00                                    | -59.00       | 0,00                                  | 59.00                  | 59.00        |
| Total                             |          | <b>第四十八十四十四十四十八十四十二十四十二十四十二十二十二十二十二十二十二十二十二十</b> | 220.00      | <b>0:00</b>                           | -70.00                                  | 150.00       | 0.00                                  | (0.0ó                  | 0.00         |
| 02-19-13                          | 97110    | Therapeutic Exercise                             | 00.08       | 0.00                                  | 0.00                                    | -16.00       | 0.00                                  | 86.00                  | 86.00        |
| Payment                           | PCC      | CREDIT CARD                                      |             |                                       | -70.00                                  | ·            | <u> </u>                              | -70.00                 | -70.00       |
| 02-19-13;                         | .97140   | Manual Therapy Techniques                        | 75.00       | 0.00                                  | 0.00                                    | -75.00       | 0.00                                  | 75,00                  | 75.00        |
| 02-19-13                          |          | Ultrasound                                       | 59.00       | 0.00                                  | 0.00                                    | -59.00       | 0:00                                  | 59.00                  | 59.00        |
| Total                             |          | ALED WEST STORY                                  | 220.00      | 0.00                                  | -70:00                                  | -150:00      | 0,00                                  | 0,00                   | 0:00         |
| 02-25-13                          |          | Therapeutic Exercise [2]                         | 172.00      | 0,00                                  | 0,00                                    | -102.00      | 0.00                                  |                        | 172.00       |
| Payment                           | PCC      | CREDIT CARD                                      |             |                                       | -70.00                                  |              |                                       | -70.00                 | -70.00       |
| 02-25-13                          | 97140    | Manual Therapy Techniques                        | 75.00       | 0.00                                  | 0.00                                    | -75,00       | 0.00                                  | 76.00                  | 75.00        |
| 02-25-13                          | 97035    | Ultrasound                                       | 59,00       | 0,00                                  |                                         |              | 0.00                                  | 59.00                  | 59.00        |
| Total                             | 2 1 % Th |                                                  | 306,00      | . ₹° oʻgg                             | 14 4                                    |              | 0.00                                  |                        | ji (0.00     |

| ELENNIETE<br>LIAMUS (OT 1 | (C) (T) (T)                | (व्यक्तरास्थानावस्य                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ું હૈંગુકો પરાંદા ર | विकास सम्बद्धी है।<br>इ.स. १९५५ विकास सम्बद्धी है। | SIDAGERÍO<br>SIRGO SI | . (สองเพร <i>ะ</i> ย์)                           | ingerolevanger | Gyantalan<br>Tayayaya                    | Jakinoji<br>Presidenta |
|---------------------------|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------------------------------|-----------------------|--------------------------------------------------|----------------|------------------------------------------|------------------------|
| 02-28-13                  | 97110                      | Therapeutic Exercise [2]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 172.00              | 0.00                                               | 0.00                  | -102,00                                          | 0.00           | New Art Control                          | 172.00                 |
| Payment                   | PCC                        | CREDIT CARD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 172.00              | . 0.00                                             | 70.00                 | . 102.00                                         | 0.90           | -70.00                                   | -70.00                 |
| 02-28-13                  |                            | Manual Therapy Techniques                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 75.00               | 0.00                                               | 0.00                  | -75.00                                           | 0.00           | 75.00                                    | 75.00                  |
| 02-28-13                  | 97035                      | Ultrasound                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 59.00               | 0.00                                               | 0.00                  | -59.00                                           | 0.00           | . 59.00                                  | 59.00                  |
| Lotel                     | 1981 - 1981<br>1981 - 1981 | and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s | 306.00              | 0.00                                               | -70.00                | -236.00                                          | 0.00           |                                          | 0.00                   |
| 03-07-13                  | 97110                      | Therapeutic Exercise                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 86,00               | 0:00                                               | 0.00                  | 16.00                                            | 0.00           | 11/2" 21 (1-1                            | 86.00                  |
| Payment                   | PCC                        | CREDIT CARD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     | .".                                                | -70.00                |                                                  |                | -70.00                                   | -70.00                 |
| 03-07-13                  | 97140                      | Manual Therapy Techniques                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 75,00               | 0,00                                               | 0.00                  | -75.00                                           | 0.00           | 75.00                                    | 75.00                  |
| 03-07-13                  | 97035                      | Ultrasound                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 59.00               | 0.00                                               | 0.00                  | 59.00                                            | 0.00           | 59.00                                    | 59.00                  |
| Total                     |                            | 1877年1988年1888年18日本公司中共                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 220.00              | 0.00                                               | -70.00                | <b>2150</b> 200                                  | 0.00           | 0.00                                     | 0.00                   |
| 03+08-13                  | 97110                      | Therapeutic Exercise                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 86.00               | 0.00                                               | 0,00                  | -16.00                                           | 0,00           | 86.00                                    | 86.00                  |
| Payment                   | PCC                        | CREDIT CARD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                                                    | -70.00                |                                                  |                | -70,00                                   | -70.00                 |
| 03-08-13                  | 97140                      | Manual Therapy Techniques                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 75.00               | 0.00                                               | 0.00                  | -75.00                                           | 0.00           | 75.00                                    | 75.00                  |
| 03-08-13                  | 97035                      | Ultrasound                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 59.00               | 0.00                                               | 0.00                  | -59.00                                           | 0.00           | 59:00                                    | 59.00                  |
| Total                     |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 220.00              | ∜                                                  | 70,00                 | 150,00                                           | 0.00           | 0.00                                     | 0.00                   |
| 03-12-13                  | 97140                      | Manual Therapy Techn [2]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 150.00              | 0.00                                               | 0.00                  | -80.00                                           | 0.00           | 150.00                                   | 150.00                 |
| Payment                   | PCC                        | CREDIT CARD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                                                    | -70.00                |                                                  |                | -70.00                                   | -70.00                 |
| 03-12-13                  | . 97110:                   | Therapeutic Exercise                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 86.00               | 0.00                                               | 0.00                  | -86.00                                           | 0,00           | 86.00                                    | 66.00                  |
| 03-12-13                  | 97035                      | Ultrasound                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 59.00               | 0.00                                               | 0,00                  | -59,00                                           | 0,00           |                                          | 59.00                  |
| Total                     |                            | 2. 19. 2. 2. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 295.00              | , 0.00                                             | -70.00                | 225.00                                           | 0,00           | 0.00                                     | ∮ ( p.00               |
| 03-14-13                  | 97110                      | Therapeutic Exercise [2]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 172:00              | 0.00                                               | 0.00                  | -102.00                                          | 0.00           | 1 1 1 1 1                                | 172.00                 |
| Payment                   | PCC                        | CREDIT CARD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                                                    | -70.00                |                                                  |                | -70.00                                   | -70,00                 |
| 03-14-13                  | 97140                      | Manual Therapy Techniques                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 75.00               | <u> </u>                                           | . 0.00                | •                                                | 0.00           | 1                                        | 75.00                  |
| 03-14-13                  | 97035                      | Ultrasound                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 59,00               | 0,00                                               | <u> </u>              | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1          | 0.00           | 1 1 111                                  | 59.00                  |
| Total                     |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 306.00              | 0,00                                               | 70,00                 |                                                  | 0.00           | 1 18 18 18 18 18 18 18 18 18 18 18 18 18 | 0.00                   |
| Q3-19-13                  |                            | Therapeutic Exercise                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 86.00               | . ,,0,00                                           | <u> </u>              |                                                  | 0.00           |                                          | 86.00                  |
| Payment                   | PCC                        | GREDIT CARD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                                                    | -70.00                | l                                                |                | -70.00                                   | -70.00                 |
| 03-19-13                  | 97140                      | Manual Therapy Techniques                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 75.00               |                                                    |                       | <u> </u>                                         | 0.00           |                                          | 75.00                  |
| 03-19-13                  | 97035                      | Ultrasound                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 59.00               |                                                    | **                    | 1                                                |                |                                          | l I                    |
| Total                     |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 220.00              |                                                    | 276 11 2 27           | 1 14 744                                         | 0.00           | Metrick or days a                        | 15 775                 |
| 03-22-13                  |                            | Therapeutic Exercise [2]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 172.00              | 0.00                                               |                       |                                                  | 0,00           | <del></del>                              |                        |
| Payment                   | PCC                        | CREDIT CARD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                                                    | -70.00                | <del></del>                                      | ļ              | -70.00                                   | 1                      |
| 03-22-13                  | 97140                      | Manual Therapy Techniques                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 75.00               | 1                                                  |                       | · L                                              | l              |                                          | <u> </u>               |
| 03-22-13                  | 97035                      | Ultrasound                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 59,00               | 1                                                  | <u> </u>              | <b>.</b>                                         |                |                                          |                        |
| Total                     |                            | ward the con-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 306:00              | 9 5 17                                             | <u> </u>              | <del>} '</del>                                   | 1              | 7 774 174                                |                        |
| 03-29-13                  | 97110                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 258,00              |                                                    |                       | <del>                                     </del> | l              |                                          | <u> </u>               |
| 03-29-13                  | 97035                      | Ultrasound                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 59.00               |                                                    | .1                    |                                                  | l i            |                                          |                        |
| Total                     |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 317 00              | 0.00                                               | 0.00                  | 0.00                                             | 0.00           | 317.00                                   | 317.00                 |

| FIVATE OF      | ंदारक क  | DESTREATION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF | of Value | ivero rater                                | ativiil in                              | ACTO TO                                 | iki Otanije) |                 |                  |
|----------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------------------------|-----------------------------------------|-----------------------------------------|--------------|-----------------|------------------|
| 04-22-13       | 97110    | Therapeutic Exercise [-2]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 172.00   | 0,00                                       | 0.00                                    | 0.00                                    | 0.00         | 472.00          | 177.00           |
| 04-22-13       | 97140    | Manual Therapy Techniques                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 75.00    |                                            |                                         | 0.00                                    | 0.00         | 172.00<br>75.00 | 172.00<br>75.00  |
| . 04-22-13     | 97035    | Ultresound                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 59.00    | L                                          | 0.00                                    | 0.00                                    | ·            | 59.00           | 59.00            |
| Total          | (4) (4)  | Compound                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 308.00   |                                            |                                         |                                         | 0,00         | 306.00          |                  |
| 07-23-13       | 97003    | Occupational Therapy Eval                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 187.00   | n // /////                                 |                                         | 0.00                                    | 0.00         | 187.00          | 306.00<br>187.00 |
| 07-23-13       | 97140    | Manual Therapy Techniques                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 75.00    | <u></u>                                    |                                         | 0:00                                    | 0.00         | 76.00           | 75.00            |
| 07-23-13       | . "      | Ultrasound                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 59.00    |                                            |                                         |                                         | 0.00         | 59.00           | 59.00            |
| Total          |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 321.00   | 0.00                                       |                                         |                                         | 0.00         | 321.00          | 321.00           |
| 07-29-13       | 97140    | Manual Therapy Techn [ 2]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 150:00   | 0.00                                       | 0.00                                    |                                         | 0.00         | 150.00          | 150.00           |
| 07-29-13       | 97110    | Therapeutic Exercise                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 86.00    | 0,00                                       | 0,00                                    |                                         | 0.00         | 86.00           | 86.00            |
| 07-29-13       |          | Ultrasound                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 59.00    | 0.00                                       | 0.00                                    | · · · · · · · · · · · · · · · · · · ·   | 0.00         | 59.00           | 59.00            |
| Total          |          | Maria Talifa di Wasalian Didaga san Casa San San Sa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 295.00   | 0.00                                       | 0.00                                    |                                         | 0.00         | 295.00          | 295.00           |
| 08-01-13       | 97035    | Ultrasound                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 59.00    | 0,00                                       | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | +                                       | 0.00         | 59,00           | 59.00            |
| 08-01-13       |          | Manual Therapy Techniques                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 75.00    | 0.00                                       |                                         |                                         | 0,00         | 75.00           | 75.00            |
| 08-01-13       | 97110    | Therapeutic Exercise                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 86,00    | 0.00                                       | 0.00                                    |                                         | 0.00         | 86.00           | 86.00            |
| Total 💮 🧍      |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 220.00   |                                            |                                         |                                         | 0.00         | 220.00          | 220.00           |
| 08-05-13       | 97140    | Manual Therapy Techn [2]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 150.00   | 0.00                                       |                                         | ", ", ",                                | 0.00         | 150.00          | 150.00           |
| 08-05-13       | 97110    | Therapeutic Exercise                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 86.00    | 0.00                                       | 0,00                                    | 0,00                                    | 0.00         | 86.00           | 86.00            |
| 08-05-13       | 97035    | Ultrasound                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 59.00    | 0.00                                       | 0.00                                    | 0.00                                    | 0.00         | 59:00           | 59.00            |
| Total 🤲 🖟      | T. W. S. | <b>学生的主义是1400年度</b> 1000年度                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 295.00   | :::: (o:oò                                 | 0.00                                    | 0,00                                    | 0.00         | 295.00          | 295.00           |
| 08-09-13       | 97110    | Therapeutic Exercise [ 2]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 172.00   | 0.00                                       | . 0.00                                  | 0.00                                    | 0.00         | 172.00          | 172.00           |
| 08-09-13       | 97140    | Manual Therapy Techniques                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 75.00    | 0,00                                       | 0.00                                    | 0.00                                    | 0.00         | 75.00           | 75.00            |
| . 08-09-13.    | 97035    | Ultrasourid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 59.00    | 0.00                                       | 0,00                                    | . 0.00                                  | 0.00         | 59,00           | 59.00            |
| Total          | 能引起的     | 認為特別的計劃學到於其                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 306,00   | 0.00                                       | 0.00                                    | 0.00                                    | 0.00         | 306.00          | 306.00           |
| 08-16-13       | 97140    | Manual Therapy Techn [2]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 150.00   | 0.00                                       | 0.00                                    | 0.00                                    | 0.00         | 150:00          | 150.00           |
| 08-16-13       | 97110    | Therapeulic Exercise                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 66.Q0    | 0.00                                       | 0.00                                    | 0.00                                    | 0,00         | 86,00           | 86.00            |
| 08-16-13       | 97035    | Ultrasound                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 59.00    | 0.00                                       | 0,00                                    | 0.00                                    | 0,00         | 59.00           | 59.00            |
| Total          |          | 类性原体上程序 圣长冠之                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 295.00   | 0.00                                       |                                         | 16.57                                   | 0.00         |                 | 295.00           |
| 08-19-13       |          | Therapeutic Exercise                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 86.00    | <u> </u>                                   |                                         |                                         | 0.00         |                 | 86.00            |
| 08-19-13       |          | Manual Therapy Techniques                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 75.00    | <u>t `                                </u> |                                         |                                         |              | <u> </u>        | 75.00            |
| 08-19-13       |          | Ultrasound                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 59.00    |                                            |                                         | L                                       | 0.00         |                 | 59.00            |
| Total          |          | <b>建筑高温。第</b> 250年的1960年                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 220.00   |                                            |                                         | 111111111111111111111111111111111111111 | 0.00         | 10 00 00 11 70  |                  |
| 08-22-13       | <u> </u> | Therapeutic Exercise [3]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 258.00   |                                            |                                         |                                         | . 0.00       | <u> </u>        | 258.00           |
| 08-22-13       | 97140    | Manual Therapy Techniques                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 75.00    | ٠,                                         | <del> </del>                            | ` <del> </del>                          | 0,00         |                 |                  |
| Total          |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 333.00   | 17                                         |                                         |                                         | 0.00         |                 | 333.00           |
| 10-02-13       | <u></u>  | WHFO, Rigid w/o joints                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 445.00   |                                            |                                         |                                         | 0.00         |                 | 445.00           |
| <b>Total</b> ∴ |          | Market Market Market                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 445.00   | 0.00                                       |                                         | -375.00                                 | 0.00         | 70,00           | 70.00            |

NO. 1972 r. 15

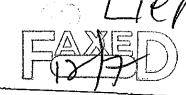
| DAMESTO COM | े विकास स्टूर्वे स्वाहित । १८४८ विकास स्टूर्वे स्वाहित । १८४८ विकास स्टूर्वे स्वाहित । १८४८ विकास स्टूर्वे स्व<br>इंग्रेस                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Transpiraci<br>Grandaria<br>Grandaria | LEVATON MATER    |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|------------------|
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NO. 19/2 P. 16

#### PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

Return to: Dynamic Hand Therapy - Fox Lake 498 South Route 12 Suite C Fox Lake, IL 600201908 Questions? Call: (847) 587-3301

| For Credit to Account# | <sup>!</sup> 0042000185                                            |
|------------------------|--------------------------------------------------------------------|
| RE Patient:            | Paul Duiberg                                                       |
|                        | Please Indicate Amount Enclosed .                                  |
| We also Accept: Visa M | astercard Discover                                                 |
| Card #                 | Security Code:                                                     |
| Expire Date            | Signature                                                          |
| Pleas                  | s R <del>e</del> member                                            |
| lf :                   | o not send Cash.<br>you are sending a Check.,<br>Sign and Date it. |
|                        | Write your Acct# (0042000185) on the Check.                        |
|                        |                                                                    |
| Make Checks Payable    | to: Dynamic Hand Therapy - Fox Lake                                |
| REMARKS:               |                                                                    |





Michelle P. Shamash, OTR/L, CHT Certified Hand Therapist Clinic Director

| To: Hans West                           | From: Judy        |
|-----------------------------------------|-------------------|
| Attu:                                   | Date: 12/4/11     |
| Phone:  Re: Paul Dull                   | Fax: 815-344-5280 |
| Re: Paul Duberg<br>Litigation Agreement | Pages: 5          |
| The exment                              |                   |

The attached sheets are intended only for the use of the entity or the individual it addresses and may contain information that is privileged, confidential and exempt from disclosure under the applicable law. If you are not the intended recipient or their agent, you are hereby notified that any discrimination, distribution or copyling of this communication is strictly prohibited. If you should have any questions or problems regarding this transmission or if you have received this communication in error, please notify us immediately at (847)587-3301.

### COMMENTS:

Please have attorney sign these documents to for hach, as we require this to treat patient.

Thank you for help.

# LAW OFFICES OF THOMAS J. POPOVICH, P.C.

3416 West Elm Street McHenry, IL 60050 Telephone: 815-344-3797 Facsimile: 815-344-5280

PERSONAL & CONFIDENTIAL FACSIMILE COVER SHEET

DATE:

TO:

FACSIMILE:

FROM:

LAW OFFICES OF THOMAS I POPOVICH, P.C.

3416 West Elm Street McHenry, IL 60050

RE:

NUMBER OF PAGES:

(INCLUDING COVER SHEET)

MESSAGE:

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Law Offices of Thomas J. Popovich, P.C.



HANS A. MAST Attorney At Law

3416 W. Elm Street McHenry, Illinois 60050 Phone: (815) 344-3797 Fax: (815) 344-5280 Wrongful Death Personal Injury & Medical Malpractice www.popovionlaw.com hansmast@comcast.net

Allachment61,003E Page 1 of 2

# Litigation Agreement and Acknowledgement of Financial Responsibility

| This Litigation Agreement and Acknowledgement of Financial Responsit                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                      | '                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ("Patient")                                                                                          | residing a                                                                 |
| WHEREAS, Patient has been prescribed physical therapy for injuries tha                                                                                                                                                                                                                                                                                                                                                                                                                                                  | thave occurred to a                                                                                  |                                                                            |
| WHEREAS, Patient is pursuing litigation to recover damages for such inju                                                                                                                                                                                                                                                                                                                                                                                                                                                | in/ (the "Claim")                                                                                    | recent event;                                                              |
| WHEREAS, FACILITY ("Clinic") is willing, as a courtesy to Patient, physical/occupational therapy services rendered in order to allow compensation to cover the cost of the therapy services.                                                                                                                                                                                                                                                                                                                            |                                                                                                      | of its fee for the<br>ecover monetary                                      |
| NOW, THEREFORE, IT IS ACKNOWLEDGED AND AGREED THAT:                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                      |                                                                            |
| Clinic agrees to refrain from attempting to collect its fees for services r subject of the Claim for the period set forth herein, subject to compliance and obligations as set forth herein.                                                                                                                                                                                                                                                                                                                            | endered to the Patie<br>by Patient with Pati                                                         | ent which are the<br>ent's agreements                                      |
| Patient acknowledges and agrees that it is their sole obligation to pay finjuries arising from the event. Patient grants a lien on and/or assigns. Patient receives from the Claim in an amount equal to the lesser of the rendered, or the maximum amount permitted by law. Patient further agree as necessary for Clinic to preserve its right to enforce said lien and/or assign.                                                                                                                                    | or the therapy service any settlement or just the the charges for the test to execute such furthers. | ces rendered for<br>dgment in which<br>therapy services<br>rther documents |
| Patient agrees that if the Clinic does not receive a satisfactory payment with the last therapy services were rendered related to the Claim, Patient will pay necessity of notice or further demand. Patient acknowledges and agrees the for the therapy services within 395 days from the last date that the therapy the Claim, the account will be transferred to our collection agency. Patient expenses incurred in collecting Patient's account, including all fees, court call other collection related expenses. | iat in the event Patie<br>services were render                                                       | nt does not pay                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                      |                                                                            |
| By signing below Patient acknowledges that he/she has read, understands arbligations and agreements.                                                                                                                                                                                                                                                                                                                                                                                                                    | nd hereby accepts the                                                                                | e above                                                                    |
| atient Signature: And Olhy Date: 12-6-4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | nd hereby accepts th                                                                                 | e above                                                                    |
| rationt Signature: Date: 126-4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | nd hereby accepts th                                                                                 | e above                                                                    |
| ratient Signature: Date: 12-6-6  Arithm Name: Sknowledgement by Clinic:                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                      | e above                                                                    |
| Patient Signature: Date: 12-6-6  Pritten Name: Sknowledgement by Clinic:  Date: Date:                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                      | e above                                                                    |
| ritten Name: Date: 12-6-64 knowledgement by Clinic:                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                      | e above                                                                    |

Attachment B1.003F

# HEALTH CARE PROVIDER'S LIEN

| Patient:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I have a cause of action as a result of injuries sustained by me on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| I desire your services as a treating therapy facility, even though I do not have the funds to personally pay for therapy services at this time.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| I understand that I am directly and fully responsible to pay you for all the reasonable and necessary medical bills incurred by me for the rendering of reasonable and necessary treatment of me, awaiting payment and foregoing collection efforts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| I give a lien to you on any settlement or jury verdict that I receive as a result of my cause of action. I authorize and direct my attorney to pay directly to you such sum as may be due for services rendered to me, and to withhold such sum from my portion of any settlement or jury verdict. In the event my portion of the recovery is insufficient to cover all of the protected medical bills in my case, then I will promptly reimburse you from my portion of the recovery on an accepted basis with all of my other protected medical bills. I further understand, however, that such pro-rata payment will not be considered payment in full by personal liability is not contingent on the settlement or jury verdict which I may recover.  Patient's Signature: Rank Auding Date: 12-6-U |
| As the patient's attorney, I acknowledge the above lien. Upon final settlement or jury verdict in this case, I agree to withhold your medical fees from the client's share of any settlement or jury verdict, and forward full payment to you.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| It is expressly understood that in the event the attorney-client relationship is terminated prior to resolution of the above referenced client's case, I will immediately notify you, and I immediately notify the appropriate insurance companies and any new attorney that the case cannot be concluded without paying your fees in accordance with this lien agreement                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Date: 12 - 7 - 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

Attachment B1.003G

### LETTER OF PROTECTION (SAMPLE)

| Patient/Client:                                                                                                                                                                                                                 | (2                                                                                                  | SAMPLE)                                                                                             |                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Patient Account Number:                                                                                                                                                                                                         |                                                                                                     |                                                                                                     |                                                                                             |
| I hereby authorize FACILIT Attorney at Law, with my diagnosis and prognosis in such authorization should Protected Health Information records.                                                                                  | y complete med<br>regard to the ac                                                                  |                                                                                                     |                                                                                             |
| I give irrevocable authorizat for therapy rendered to me any settlement or judgmen accident in an amount equa or the maximum amount documents as necessary fassignment.                                                         | t in which I rec<br>I to the lesser of                                                              | eive from any claim(s) to the charges for the there                                                 | illed as a result of the                                                                    |
| I fully understand that I am of to me. This agreement is a protection. I understand the settlement, judgment or verding addition.                                                                                               | at payment of t<br>ict by which I ma                                                                | this obligation in full is ray eventually recover such                                              | not contingent on any                                                                       |
| In addition, I understand and within months of this understand that my account so I do not timely pay the account that the obligations recited his shall continue in full force and executors, successors, and as paid in full. | d agree that pay<br>date unless other<br>shall be forwarde<br>nt or make other<br>lerein (including | yment in full on my accordinancial arrangements of to FACILITY's collection financial arrangements. | ount should be made<br>s have been made. I<br>n agency in the event<br>I further understand |
| V U () () ()                                                                                                                                                                                                                    | 1210-1(<br>Date                                                                                     | Witness's                                                                                           | Signature                                                                                   |
| The undersigned attorney of re                                                                                                                                                                                                  | ecord for the na                                                                                    | tioni do-                                                                                           |                                                                                             |

The undersigned attorney of record for the patient, does agree to observe all terms of this letter of Protection, and agrees to withhold such sums from any settlement, judgment or verdict as may be necessary to protect FACILITY. 12-6-11 Date

© 2003 U.S. Physical Therapy, Inc.

## \*\* Transmit Conf. Report \*\*

P.1 LAW OFFICE T POPOVICH Fax 1-815-344-5280

Dec 7 2011 12:50pm

| Fax/Phone Number Mode Start Time Page Result Note  18475873346 Normal 07:12:49pm 1'01" 6 # 0 K | - 1 |             | 1 010 04 | 4-J20U |      |      |        | 1 E - 00PIII |
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# LAW OFFICES OF THOMAS J. POPOVICH, P.C.

3416 West Elm Street McHenry, IL 60050 Telephone: 815-344-3797 Facsimile: 815-344-5280

PERSONAL & CONFIDENTIAL FACSIMILE COVER SHEET

DATE: 12/7/11

To Judy

TACSIMILE: 647/587-3346

LAW OFFICIE OF THOMAS I POPOVICE P.C.

1916 West Eim Street

MoHenry, II. 60050

runk weng

NUMBER OF PAGES: (INCLUDING COVER SHEET)

MESSAGE:

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Dynamic Hand Therapy & Rehab



#### MAKE CHECKS PAYABLE TO:

Dynamic Hand Therapy - Fox Lake 498 South Route 12 Suite C Fox Lake, IL. 600201908 (847) 587-3301

Paul Dulberg 4606 Hayden Court Mchenry, IL. 60050

#### **STATEMENT**

| STATEMENT PERIOD | BALANCE DUE |
|------------------|-------------|
| 10-07-13         | 24604.00    |

NOTE: THIS IS A LINE ITEM STATEMENT AND WILL SHOW ALL ACTIVITY FOR EACH DATE OF SERVICE IN THIS STATEMENT PERIOD

Account# 0042000185

Re:

**Paul Dulberg** 

Account# 0042000185

24604.00

Payment Due: Due Date:

11-07-13

PATIENT MESSAGE:

PLEASE CONTACT OUR OFFICE WITH THE

STATUS OF YOUR CASE AT 815-399-1975.

THANK YOU.

====>

call our office with questions

Make Checks Payable to:

Dynamic Hand Therapy - Fox Lake

| DATE OF SERVICE | CPT   | DESCRIPTION               | CHARGE | INSURANCE<br>PAID | PATIENT :<br>PAID. | ADJUST. | INSURANCE<br>BALANCE | PATIENT<br>BALANCE | TOTAL<br>BALANCE |
|-----------------|-------|---------------------------|--------|-------------------|--------------------|---------|----------------------|--------------------|------------------|
| 12-06-11        | 97003 | Occupational Therapy Eval | 187.00 | 0.00              | 0.00               | 0.00    | 0.00                 | 187.00             | 187.00           |
| Pagement        | PCC   | CREDIT CARD               |        |                   | -70.00             |         | *****                | -70.00             | -70.00           |
| Total           |       |                           | 187.00 | 0.00              | -70.00             | 0.00    | 0.00                 | 117.00             | 117.00           |
| 12-08-11        | 97110 | Therapeutic Exercise [ 2] | 172.00 | 0.00              | 0.00               | 0.00    | 0.00                 | 172.00             | 172.00           |
| 12-08-11        | 97140 | Manual Therapy Techniques | 75.00  | 0.00              | 0.00               | 0.00    | 0.00                 | 75.00              | 75.00            |
| 12-08-11        | 97035 | Ultrasound                | 59.00  | 0.00              | 0.00               | 0.00    | 0.00                 | 59.00              | 59.00            |
| 12-08-11        | 97010 | Hot/Cold pack             | 54.00  | 0.00              | 0.00               | 0.00    | 0.00                 | 54.00              | 54.00            |
| Total           |       | I'                        | 360.00 | 0.00              | 0.00               | 0.00    | 0.00                 | 360.00             | 360.00           |
| 12-12-11        | 97110 | Therapeutic Exercise      | 86.00  | 0.00              | 0.00               | 0.00    | 0.00                 | 86.00              | 86.00            |
| 12-12-11        | 97140 | Manual Therapy Techniques | 75.00  | 0.00              | 0.00               | 0.00    | 0.00                 | 75.00              | 75.00            |
| 12-12-11        | 97035 | Ultrasound                | 59.00  | 0.00              | 0.00               | 0.00    | 0.00                 | 59.00              | 59.00            |

T GTAL ACCOUNT BALANCE IN SURANCE PENDING: PATIENT BALANCE

| 12-12-11   97010   Hell/Cold pack                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | DATE OF  | GPT   | DESCRIPTION                            | CHARGE        | INSURANCE<br>PAID                     | PATIENT | ADJUST | INSURANCE            | PATIENT            | TOTAL            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------|----------------------------------------|---------------|---------------------------------------|---------|--------|----------------------|--------------------|------------------|
| Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | SERVICE  | 3100  |                                        | New Lynn      | PAID                                  | PAID    |        | INSURANCE<br>BALANCE | PATIENT<br>BALANCE | TOTAL<br>BALANCE |
| 12-14-11   97110   Therapeutic Exercise   36.00   0.00   0.00   0.00   0.00   36.00   38.00   38.00   38.10   12-14-11   97035   Ultrasound   59.00   0.00   0.00   0.00   0.00   59.00   59.00   12-14-11   97010   Hol/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   54.00   54.00   54.00   12-14-11   97010   Hol/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   54.00   54.00   54.00   12-14-11   97010   Hol/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   328.00   328.00   12-15-11   97110   Therapeutic Exercise   86.00   0.00   0.00   0.00   0.00   0.00   328.00   388.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00   386.00  |          | 97010 | Hot/Cold pack                          | المستخديد الم |                                       |         | 0.00   | 0.00                 | 54.00              | 54.00            |
| 12-14-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   59.00   59.00   59.00   12-14-11   97015   Ultrasound   58.00   0.00   0.00   0.00   0.00   54.00   54.00   54.00   12-14-11   97016   Hol/Cold pack   54.00   0.00   0.00   0.00   0.00   54.00   54.00   54.00   12-14-11   97017   Estim Unattended   54.00   0.00   0.00   0.00   0.00   54.00   54.00   54.00   12-15-11   97110   Therapeutic Exercise   86.00   0.00   0.00   0.00   0.00   0.00   386.00   86.00   12-15-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   0.00   75.00   75.00   12-15-11   97010   Hol/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0 |          |       | F                                      |               |                                       |         |        | 0.00                 | 274.00             | 274.00           |
| 12-14-11   97035   Ultrasound   59.00   0.00   0.00   0.00   59.00   59.00   59.00   12-14-11   97010   Hol/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   54.00   54.00   12-15-11   97110   Therapeutic Exercise   88.00   0.00   0.00   0.00   0.00   0.00   328.00   328.00   328.00   12-15-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   54.00   55.00   12-15-11   97010   Hol/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   0.00   55.00   59.00   12-15-11   97010   Hol/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   55.00   59.00   12-19-11   97010   Hol/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   54.00   54.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00 | L        |       | ······································ |               | 0.00                                  | 0.00    | 0.00   | 0.00                 | 86.00              | 86.00            |
| 12-14-11   97010   Hot/Cold pack   54.00   0.00   0.00   0.00   54.00   54.00   54.00   12-14-11   97014   E-Stim Unattended   54.00   0.00   0.00   0.00   0.00   54.00   54.00   54.00   12-15-11   97110   Therapeutic Exercise   86.00   0.00   0.00   0.00   0.00   0.00   328.00   88.00   12-15-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   54.00   55.00   12-15-11   97035   Ultrasound   59.00   0.00   0.00   0.00   0.00   0.00   54.00   54.00   12-19-11   97110   Therapeutic Exercise   2]   172.00   0.00   0.00   0.00   0.00   0.00   75.00   75.00   12-19-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   0.00   0.00   274.00   12-19-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   0.00   75.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172.00   172 |          |       | Manual Therapy Techniques              | 75.00         | 0.00                                  | 0.00    | 0.00   | 0.00                 | 75.00              | 75.00            |
| 12-14-11   97014   E-Stim Unattended   54.00   0.00   0.00   0.00   54.00   54.00   54.00   54.00   12-15-11   97110   Therapeutic Exercise   88.00   0.00   0.00   0.00   0.00   0.00   88.00   86.00   12-15-11   97110   Therapeutic Exercise   75.00   0.00   0.00   0.00   0.00   0.00   59.00   59.00   12-15-11   97010   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   54.00   59.00   12-19-11   97110   Therapeutic Exercise   2]   172.00   0.00   0.00   0.00   0.00   58.00   59.00   12-19-11   97010   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00  |          |       |                                        | 59.00         | 0.00                                  | 0.00    | 0.00   | 0.00                 | 59.00              | 59.00            |
| Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |       | Hot/Cold pack                          | 54.00         | 0.00                                  | 0.00    | 0.00   | 0.00                 | 54.00              | 54.00            |
| 12-15-11   97110   Therapeutic Exercise   86.00   0.00   0.00   0.00   0.00   86.00   86.00   12-15-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   59.00   59.00   12-15-11   97035   Ultrasound   59.00   0.00   0.00   0.00   0.00   0.00   59.00   59.00   12-20-11   97100   Therapeutic Exercise [2]   172.00   0.00   0.00   0.00   0.00   0.00   59.00   59.00   12-20-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   0.00   59.00   59.00   12-20-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   0.00   59.00   59.00   12-20-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   59.00   59.00   12-20-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   59.00   59.00   12-20-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   59.00   59.00   12-20-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   59.00   59.00   12-20-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   0.00   59.00   59.00   12-20-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   59.00   59.00   12-20-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   59.00   59.00   59.00   12-20-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   59.00   59.00   59.00   12-20-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   59.00   59.00   59.00   12-23-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   59.00   59.00   12-23-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   59.00   59.00   12-23-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   59.00   59.00   12-23-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   0.00   59.00   59.00   12-23-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   0.00   59.00   59.00   12-23-11    | 12-14-11 | 97014 | E-Stim Unattended                      | 54.00         | 0.00                                  | 0.00    | 0.00   | 0.00                 | 54.00              | 54.00            |
| 12-15-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   75.00   75.00   12-15-11   97010   Hol/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   54.00   59.00   12-15-11   97110   Therapeutic Exercise [2]   172.00   0.00   0.00   0.00   0.00   0.00   75.00   75.00   12-19-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   0.00   54.00   12-19-11   97100   Hol/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   172.00   172.00   12-19-11   97010   Hol/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   55.00   59.00   12-19-11   97010   Hol/Cold pack   54.00   0.00   0.00   0.00   0.00   54.00   54.00   54.00   12-20-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   54.00   54.00   54.00   12-20-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   0.00   54.00   54.00   12-20-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   172.00   172.00   12-20-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   0.00   0.00   75.00   75.00   12-20-11   97010   Hol/Cold pack   54.00   0.00   0.00   0.00   0.00   59.00   59.00   59.00   12-20-11   97010   Hol/Cold pack   54.00   0.00   0.00   0.00   0.00   59.00   59.00   59.00   12-23-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   0.00   56.00   59.00   12-23-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   0.00   56.00   59.00   12-23-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   0.00   56.00   59.00   12-23-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   0.00   56.00   59.00   12-23-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   0.00   56.00   56.00   59.00   12-27-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   0.00   0.00   56.00   56.00   56.00   12-27-11   97140   Manual Therapy Techniques   75.0 |          |       |                                        | 328.00        | 0.00                                  | 0.00    | 0.00   | 0.00                 | 328.00             | 328.00           |
| 12-15-11   97035   Ultrasound   59.00   0.00   0.00   0.00   59.00   59.00   12-15-11   97010   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   54.00   54.00   12-15-11   97010   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   0.00   54.00   54.00   12-19-11   97110   Therapeutic Exercise [2]   172.00   0.00   0.00   0.00   0.00   0.00   172.00   172.00   12-19-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   0.00   59.00   59.00   12-19-11   97035   Ultrasound   59.00   0.00   0.00   0.00   0.00   0.00   54.00   54.00   12-20-11   97140   Therapeutic Exercise [2]   172.00   0.00   0.00   0.00   0.00   360.00   360.00   12-20-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   360.00   360.00   12-20-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   0.00   360.00   12-20-11   97035   Ultrasound   59.00   0.00   0.00   0.00   0.00   0.00   0.00   59.00   59.00   12-20-11   97035   Ultrasound   59.00   0.00   0.00   0.00   0.00   0.00   59.00   59.00   12-20-11   97040   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   59.00   59.00   59.00   12-23-11   97040   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   54.00   54.00   12-23-11   97140   Therapeutic Exercise [2]   172.00   0.00   0.00   0.00   0.00   0.00   56.00   59.00   12-23-11   97140   Therapeutic Exercise [2]   172.00   0.00   0.00   0.00   0.00   0.00   59.00   59.00   12-23-11   97040   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   56.00   59.00   12-23-11   97040   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   56.00   59.00   12-23-11   97040   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   56.00   59.00   59.00   12-23-11   97040   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   56.00   59.00   59.00   12-27-11   97040   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   56.00   59.00   59.00   12-27-11   97040   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   0.00 |          | 97110 | Therapeutic Exercise                   | 86.00         | 0.00                                  | 0.00    | 0.00   | 0.00                 | 86.00              | 86.00            |
| 12-15-11   97010   Hol/Cold pack   54.00   0.00   0.00   0.00   0.00   54.00   54.00   54.00   12-19-11   97110   Therapeutic Exercise [ 2 ]   172.00   0.00   0.00   0.00   0.00   0.00   172.00   172.00   12-19-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   54.00   55.00   12-19-11   97010   Hol/Cold pack   54.00   0.00   0.00   0.00   0.00   54.00   55.00   12-20-11   97110   Therapeutic Exercise [ 2 ]   172.00   0.00   0.00   0.00   0.00   54.00   54.00   12-20-11   97110   Therapeutic Exercise [ 2 ]   172.00   0.00   0.00   0.00   0.00   360.00   360.00   12-20-11   97110   Therapeutic Exercise [ 2 ]   172.00   0.00   0.00   0.00   0.00   55.00   12-20-11   97010   Hol/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   55.00   12-20-11   97010   Hol/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   55.00   55.00   12-20-11   97010   Hol/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   55.00   55.00   55.00   12-20-11   97010   Hol/Cold pack   54.00   0.00   0.00   0.00   0.00   55.00   55.00   55.00   12-23-11   97110   Therapeutic Exercise [ 2 ]   172.00   0.00   0.00   0.00   0.00   56.00   56.00   12-23-11   97110   Therapeutic Exercise [ 2 ]   172.00   0.00   0.00   0.00   0.00   56.00   56.00   12-23-11   97110   Therapeutic Exercise [ 2 ]   172.00   0.00   0.00   0.00   0.00   56.00   575.00   12-23-11   97110   Therapeutic Exercise [ 2 ]   172.00   0.00   0.00   0.00   0.00   56.00   575.00   575.00   12-23-11   97110   Hol/Cold pack   54.00   0.00   0.00   0.00   0.00   56.00   575.00   575.00   12-27-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   56.00   575.00   575.00   12-27-11   97140   Hol/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   575.00   575.00   12-27-11   97140   Hol/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   575.00   575.00   12-27-11   97140   Hol/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   56.00   575.00   575.00   12-27-11   97140   Hol/Cold pack   54.00   0.00   0.00   0.00  |          | 97140 | Manual Therapy Techniques              | 75.00         | 0.00                                  | 0.00    | 0.00   | 0.00                 | 75.00              | 75.00            |
| Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          | 97035 | Ultrasound                             | 59.00         | 0.00                                  | 0.00    | 0.00   | 0.00                 | 59.00              | 59.00            |
| 12-19-11   97110   Therapeutic Exercise   2   172.00   0.00   0.00   0.00   0.00   172.00   172.00   12-19-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   0.00   59.00   75.00   12-19-11   97035   Ultrasound   59.00   0.00   0.00   0.00   0.00   0.00   59.00   59.00   12-19-11   97010   Hol/Cold pack   54.00   0.00   0.00   0.00   0.00   360.00   360.00   12-20-11   97140   Therapeutic Exercise   2   172.00   0.00   0.00   0.00   0.00   360.00   360.00   12-20-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   59.00   59.00   12-20-11   97010   Hol/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   59.00   59.00   12-20-11   97010   Hol/Cold pack   54.00   0.00   0.00   0.00   0.00   59.00   59.00   12-20-11   97010   Hol/Cold pack   54.00   0.00   0.00   0.00   0.00   54.00   54.00   54.00   12-23-11   97110   Therapeutic Exercise   2   172.00   0.00   0.00   0.00   0.00   360.00   360.00   360.00   12-23-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   172.00   172.00   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20   172.20  | 12-15-11 | 97010 | Hot/Cold pack                          | 54.00         | 0.00                                  | 0.00    | 0.00   | 0.00                 | 54.00              | 54.00            |
| 12-19-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   59.00   59.00   12-19-11   97035   Ultrasound   59.00   0.00   0.00   0.00   0.00   59.00   59.00   59.00   12-19-11   97010   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   54.00   54.00   54.00   12-20-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   0.00   172.00   172.00   12-20-11   97035   Ultrasound   59.00   0.00   0.00   0.00   0.00   0.00   0.00   59.00   59.00   12-20-11   97010   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   59.00   59.00   59.00   12-20-11   97010   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   59.00   59.00   12-20-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   0.00   59.00   59.00   12-20-11   97010   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   360.00   360.00   12-23-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   0.00   360.00   12-23-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   0.00   75.00   75.00   12-23-11   97035   Ultrasound   59.00   0.00   0.00   0.00   0.00   59.00   59.00   12-23-11   97010   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   54.00   54.00   12-27-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   54.00   54.00   12-27-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   59.00   59.00   59.00   12-27-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   0.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75 |          |       |                                        | 274.00        | 0.00                                  | 0.00    | 0.00   | 0.00                 | 274.00             | 274.00           |
| 12-19-11   97035   Ultrasound   59.00   0.00   0.00   0.00   59.00   59.00   12-19-11   97010   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   54.00   54.00   12-20-11   97110   Therapeutic Exercise [2]   172.00   0.00   0.00   0.00   0.00   0.00   172.00   172.00   12-20-11   97035   Ultrasound   59.00   0.00   0.00   0.00   0.00   0.00   59.00   59.00   12-20-11   97010   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   54.00   54.00   12-20-11   97010   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   59.00   59.00   59.00   12-20-11   97010   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   54.00   54.00   12-23-11   97110   Therapeutic Exercise [2]   172.00   0.00   0.00   0.00   0.00   360.00   360.00   12-23-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   172.00   172.00   172.20   12-23-11   97035   Ultrasound   59.00   0.00   0.00   0.00   0.00   0.00   59.00   59.00   12-23-11   97035   Ultrasound   59.00   0.00   0.00   0.00   0.00   59.00   59.00   59.00   12-23-11   97010   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   54.00   59.00   59.00   12-23-11   97010   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   54.00   54.00   12-27-11   97110   Therapeutic Exercise [2]   172.00   0.00   0.00   0.00   0.00   0.00   59.00   59.00   12-27-11   97100   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   59.00   59.00   12-27-11   97035   Ultrasound   59.00   0.00   0.00   0.00   0.00   0.00   59.00   59.00   12-27-11   97035   Ultrasound   59.00   0.00   0.00   0.00   0.00   0.00   59.00   59.00   59.00   12-29-11   97010   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   59.00   59.00   59.00   12-29-11   97100   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   54.00   54.00   12-29-11   97100   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   59.00   59.00   59.00   12-29-11   97100   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   59.00   59.00   59.00   12-29-11   97100   Hot/Cold pack |          | 97110 | Therapeutic Exercise [ 2]              | 172.00        | 0.00                                  | 0.00    | 0.00   | 0.00                 | 172.00             | 172.00           |
| 12-19-11   97010   Hol/Cold pack   54.00   0.00   0.00   0.00   0.00   54.00   54.00   12-20-11   97010   Therapeutic Exercise [2]   172.00   0.00   0.00   0.00   0.00   0.00   172.00   172.00   12-20-11   97010   Therapeutic Exercise [2]   172.00   0.00   0.00   0.00   0.00   0.00   0.00   172.00   172.00   12-20-11   97035   Ultrasound   59.00   0.00   0.00   0.00   0.00   0.00   59.00   59.00   12-23-11   97110   Therapeutic Exercise [2]   172.00   0.00   0.00   0.00   0.00   0.00   360.00   360.00   12-23-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   0.00   360.00   360.00   12-23-11   97035   Ultrasound   59.00   0.00   0.00   0.00   0.00   0.00   0.00   172.00   172.00   12-23-11   97035   Ultrasound   59.00   0.00   0.00   0.00   0.00   0.00   0.00   75.00   75.00   12-23-11   97035   Ultrasound   59.00   0.00   0.00   0.00   0.00   59.00   59.00   12-23-11   97110   Therapeutic Exercise [2]   172.00   0.00   0.00   0.00   0.00   59.00   59.00   12-27-11   97110   Therapeutic Exercise [2]   172.00   0.00   0.00   0.00   0.00   59.00   59.00   12-27-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   360.00   12-27-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   0.00   172.00   172.00   12-27-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   0.00   75.00   75.00   12-27-11   97035   Ultrasound   59.00   0.00   0.00   0.00   0.00   0.00   59.00   59.00   12-27-11   97035   Ultrasound   59.00   0.00   0.00   0.00   0.00   0.00   59.00   59.00   12-27-11   97040   Hol/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   54.00   54.00   12-27-11   97010   Hol/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   54.00   54.00   12-29-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   0.00   59.00   59.00   12-29-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   0.00   54.00   54.00   54.00   12-29-11   97140   Manual Therapy Techniques   75.0 | 12-19-11 | 97140 | Manual Therapy Techniques              | 75.00         | 0.00                                  | .0.00   | 0.00   | 0.00                 | 75.00              | 75.00            |
| Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 12-19-11 | 97035 | Ultrasound                             | 59.00         | 0.00                                  | 0.00    | 0.00   | 0.00                 | 59.00              | 59.00            |
| 12-20-11   97110   Therapeutic Exercise [ 2 ]   172.00   0.00   0.00   0.00   0.00   172.00   172.00   172.00   12-20-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   0.00   75.00   75.00   12-20-11   97035   Ultrasound   59.00   0.00   0.00   0.00   0.00   0.00   59.00   59.00   12-20-11   97010   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   360.00   12-20-11   97110   Therapeutic Exercise [ 2 ]   172.00   0.00   0.00   0.00   0.00   0.00   172.00   172.00   12-23-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   59.00   59.00   12-23-11   97010   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   54.00   54.00   12-27-11   97110   Therapeutic Exercise [ 2 ]   172.00   0.00   0.00   0.00   0.00   0.00   360.00   360.00   12-27-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   360.00   360.00   12-27-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   360.00   360.00   12-27-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   75.00   75.00   12-27-11   97035   Ultrasound   59.00   0.00   0.00   0.00   0.00   59.00   59.00   59.00   12-27-11   97010   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   54.00   54.00   54.00   12-29-11   97010   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   360.00   360.00   12-29-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   360.00   360.00   12-29-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   0.00   59.00   59.00   12-29-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   0.00   59.00   59.00   12-29-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   0.00   59.00   59.00   12-29-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   0.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00  | 12-19-11 | 97010 | Hot/Cold pack                          | 54.00         | 0.00                                  | 0.00    | 0.00   | 0.00                 | 54.00              | 54.00            |
| 12-20-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   0.00   75.00   75.00     12-20-11   97035   Ultrasound   59.00   0.00   0.00   0.00   0.00   59.00   59.00     12-23-11   97110   Therapeutic Exercise [ 2]   172.00   0.00   0.00   0.00   0.00   59.00   59.00     12-23-11   97110   Therapeutic Exercise [ 2]   172.00   0.00   0.00   0.00   0.00   0.00   75.00     12-23-11   97035   Ultrasound   59.00   0.00   0.00   0.00   0.00   59.00   59.00     12-27-11   97110   Therapeutic Exercise [ 2]   172.00   0.00   0.00   0.00   0.00   59.00   59.00     12-23-11   97010   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   54.00   54.00     12-23-11   97010   Therapeutic Exercise [ 2]   172.00   0.00   0.00   0.00   0.00   59.00   59.00     12-23-11   97010   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   360.00     12-27-11   97110   Therapeutic Exercise [ 2]   172.00   0.00   0.00   0.00   0.00   0.00   172.00     12-27-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   75.00   75.00     12-27-11   97035   Ultrasound   59.00   0.00   0.00   0.00   0.00   59.00   59.00     12-27-11   97010   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   59.00   59.00     12-27-11   97010   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   360.00     12-29-11   97110   Therapeutic Exercise   88.00   0.00   0.00   0.00   0.00   59.00   59.00     12-29-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   0.00   59.00     12-29-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   0.00   59.00     12-29-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   59.00   59.00     12-29-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   59.00   59.00     12-29-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   59.00   59.00     12-29-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   59.00   59.00     12-29-11   97140   Manual  | Total    |       |                                        | 360:00        | 0.00                                  | 0.00    | 0.00   | 0.00                 | 360.00             | 360.00           |
| 12-20-11   97035   Ultrasound   59.00   0.00   0.00   0.00   0.00   59.00   59.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 12-20-11 | 97110 | Therapeutic Exercise [ 2]              | 172.00        | 0.00                                  | 0.00    | 0.00   | 0.00                 | 172.00             | 172.00           |
| 12-20-11   97010   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   54.00   360.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 12-20-11 | 97140 | Manual Therapy Techniques              | 75.00         | 0.00                                  | 0.00    | 0.00   | 0.00                 | 75.00              | 75.00            |
| Total 360.00 0.00 0.00 0.00 360.00 360.00 12-23-11 97110 Therapeutic Exercise [2] 172.00 0.00 0.00 0.00 0.00 172.00 172.00 12-23-11 97010 Hot/Cold pack 54.00 0.00 0.00 0.00 0.00 0.00 59.00 59.00 12-27-11 97010 Hot/Cold pack 54.00 0.00 0.00 0.00 0.00 0.00 0.00 172.00 172.00 172.00 12-27-11 97010 Hot/Cold pack 54.00 0.00 0.00 0.00 0.00 0.00 172.00 172.00 12-27-11 97010 Hot/Cold pack 75.00 0.00 0.00 0.00 0.00 0.00 172.00 172.00 12-27-11 97110 Therapeutic Exercise [2] 172.00 0.00 0.00 0.00 0.00 0.00 172.00 172.00 12-27-11 97035 Ultrasound 59.00 0.00 0.00 0.00 0.00 0.00 59.00 59.00 12-27-11 97035 Ultrasound 59.00 0.00 0.00 0.00 0.00 0.00 59.00 59.00 12-27-11 97010 Hot/Cold pack 54.00 0.00 0.00 0.00 0.00 0.00 59.00 59.00 12-27-11 97010 Hot/Cold pack 54.00 0.00 0.00 0.00 0.00 0.00 59.00 59.00 12-29-11 97010 Therapeutic Exercise 86.00 0.00 0.00 0.00 0.00 0.00 360.00 360.00 12-29-11 97140 Manual Therapy Techniques 75.00 0.00 0.00 0.00 0.00 0.00 360.00 360.00 12-29-11 97140 Manual Therapy Techniques 75.00 0.00 0.00 0.00 0.00 0.00 59.00 59.00 12-29-11 97140 Manual Therapy Techniques 75.00 0.00 0.00 0.00 0.00 0.00 0.00 59.00 59.00 12-29-11 97140 Manual Therapy Techniques 75.00 0.00 0.00 0.00 0.00 0.00 59.00 59.00 59.00 12-29-11 97035 Ultrasound 59.00 0.00 0.00 0.00 0.00 0.00 59.00 59.00 59.00 12-29-11 97035 Ultrasound 59.00 0.00 0.00 0.00 0.00 0.00 59.00 59.00 59.00 12-29-11 97035 Ultrasound 59.00 0.00 0.00 0.00 0.00 0.00 59.00 59.00 59.00 12-29-11 97010 Hot/Cold pack 54.00 0.00 0.00 0.00 0.00 0.00 54.00 54.00 54.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 12-20-11 | 97035 | Ultrasound                             | 59.00         | 0.00                                  | 0.00    | 0.00   | 0.00                 | 59.00              | 59.00            |
| 12-23-11   97110   Therapeutic Exercise [2]   172.00   0.00   0.00   0.00   0.00   172.00   172.00   12-23-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   0.00   59.00   59.00   12-23-11   97035   Ultrasound   59.00   0.00   0.00   0.00   0.00   0.00   54.00   54.00   12-27-11   97110   Therapeutic Exercise [2]   172.00   0.00   0.00   0.00   0.00   0.00   172.00   172.00   12-27-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   0.00   0.00   172.00   172.00   12-27-11   97035   Ultrasound   59.00   0.00   0.00   0.00   0.00   0.00   59.00   59.00   12-27-11   97010   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   59.00   59.00   12-27-11   97010   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   54.00   54.00   12-29-11   97110   Therapeutic Exercise   86.00   0.00   0.00   0.00   0.00   360.00   360.00   12-29-11   97110   Therapeutic Exercise   86.00   0.00   0.00   0.00   0.00   0.00   360.00   360.00   12-29-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   75.00   75.00   12-29-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   59.00   59.00   12-29-11   97130   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   59.00   59.00   12-29-11   97035   Ultrasound   59.00   0.00   0.00   0.00   0.00   0.00   59.00   59.00   12-29-11   97035   Ultrasound   59.00   0.00   0.00   0.00   0.00   0.00   59.00   59.00   12-29-11   97035   Ultrasound   59.00   0.00   0.00   0.00   0.00   0.00   59.00   59.00   12-29-11   97035   Ultrasound   59.00   0.00   0.00   0.00   0.00   0.00   59.00   59.00   12-29-11   97035   Ultrasound   59.00   0.00   0.00   0.00   0.00   0.00   59.00   59.00   59.00   12-29-11   97035   Ultrasound   59.00   0.00   0.00   0.00   0.00   0.00   0.00   59.00   59.00   59.00   12-29-11   97035   Ultrasound   59.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   59.00   59.00   12-29-11   97035   Ultrasound   59.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   | 12-20-11 | 97010 | Hot/Cold pack                          | 54.00         | 0.00                                  | 0.00    | 0.00   | 0.00                 | 54.00              | 54.00            |
| 12-23-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   0.00   75.00   75.00   12-23-11   97035   Ultrasound   59.00   0.00   0.00   0.00   0.00   0.00   59.00   59.00   12-23-11   97010   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   360.00   360.00   12-27-11   97110   Therapeutic Exercise [2]   172.00   0.00   0.00   0.00   0.00   0.00   172.00   172.00   12-27-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   59.00   59.00   12-27-11   97035   Ultrasound   59.00   0.00   0.00   0.00   0.00   0.00   54.00   54.00   12-29-11   97110   Therapeutic Exercise   86.00   0.00   0.00   0.00   0.00   360.00   360.00   12-29-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   360.00   360.00   12-29-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   360.00   360.00   12-29-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   0.00   75.00   75.00   12-29-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   0.00   59.00   59.00   12-29-11   97035   Ultrasound   59.00   0.00   0.00   0.00   0.00   0.00   59.00   59.00   59.00   12-29-11   97035   Ultrasound   59.00   0.00   0.00   0.00   0.00   0.00   54.00   54.00   54.00   12-29-11   97010   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   54.00   54.00   54.00   12-29-11   97010   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   54.00   54.00   54.00   12-29-11   97010   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   54.00   54.00   54.00   12-29-11   97010   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   54.00   54.00   54.00   12-29-11   97010   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   54.00   54.00   54.00   12-29-11   97010   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   54.00   54.00   54.00   12-29-11   97010   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   | Total    |       |                                        | 360.00        | 0.00                                  | 0.00    | 0.00   | 0.00                 | 360.00             | 360.00           |
| 12-23-11         97035         Ultrasound         59.00         0.00         0.00         0.00         59.00         59.00           12-23-11         97010         Hot/Cold pack         54.00         0.00         0.00         0.00         59.00         59.00           Total         360.00         0.00         0.00         0.00         0.00         0.00         360.00         360.00           12-27-11         97110         Therapeutic Exercise [2]         172.00         0.00         0.00         0.00         0.00         172.00         172.00         172.00         0.00         0.00         0.00         172.00         172.00         172.00         0.00         0.00         0.00         0.00         172.00         172.00         0.00         0.00         0.00         0.00         172.00         172.00         172.00         0.00         0.00         0.00         0.00         172.00         172.00         172.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 12-23-11 | 97110 | Therapeutic Exercise [ 2]              | 172.00        | 0.00                                  | 0.00    | 0.00   | 0.00                 | 172.00             | 172.00           |
| 12-23-11   97010   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   54.00   54.00   360.00   12-27-11   97110   Therapeutic Exercise [2]   172.00   0.00   0.00   0.00   0.00   0.00   172.00   172.00   12-27-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   0.00   59.00   59.00   12-27-11   97010   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   54.00   54.00   12-29-11   97110   Therapeutic Exercise   86.00   0.00   0.00   0.00   0.00   86.00   86.00   12-29-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   86.00   86.00   12-29-11   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   75.00   75.00   12-29-11   97035   Ultrasound   59.00   0.00   0.00   0.00   0.00   0.00   75.00   75.00   12-29-11   97035   Ultrasound   59.00   0.00   0.00   0.00   0.00   0.00   59.00   59.00   12-29-11   97035   Ultrasound   59.00   0.00   0.00   0.00   0.00   0.00   54.00   54.00   12-29-11   97035   Ultrasound   59.00   0.00   0.00   0.00   0.00   0.00   59.00   59.00   59.00   12-29-11   97035   Ultrasound   59.00   0.00   0.00   0.00   0.00   0.00   54.00   54.00   54.00   12-29-11   97010   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00   54.00  | 12-23-11 | 97140 | Manual Therapy Techniques              | 75.00         | 0.00                                  | 0.00    | 0.00   | 0.00                 | 75.00              | 75.00            |
| 12-23-11   97010   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   54.00   54.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 12-23-11 | 97035 | Ultrasound                             | 59.00         | 0.00                                  | 0.00    | 0.00   | 0.00                 | 59.00              | 59.00            |
| 12-27-11         97110         Therapeutic Exercise [2]         172.00         0.00         0.00         0.00         172.00         172.00           12-27-11         97140         Manual Therapy Techniques         75.00         0.00         0.00         0.00         0.00         75.00           12-27-11         97035         Ultrasound         59.00         0.00         0.00         0.00         59.00         59.00           12-27-11         97010         Hot/Cold pack         54.00         0.00         0.00         0.00         54.00         54.00           Total         360.00         0.00         0.00         0.00         0.00         360.00         360.00           12-29-11         97110         Therapeutic Exercise         86.00         0.00         0.00         0.00         0.00         86.00           12-29-11         97140         Manual Therapy Techniques         75.00         0.00         0.00         0.00         75.00           12-29-11         97035         Ultrasound         59.00         0.00         0.00         0.00         59.00         59.00           12-29-11         97010         Hot/Cold pack         54.00         0.00         0.00         0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 12-23-11 | 97010 | Hot/Cold pack                          | 54.00         | 0.00                                  | 0.00    | 0.00   | 0.00                 | 54.00              | 54.00            |
| 12-27-11         97110         Therapeutic Exercise [ 2]         172.00         0.00         0.00         0.00         172.00         172.00           12-27-11         97140         Manual Therapy Techniques         75.00         0.00         0.00         0.00         0.00         75.00         75.00           12-27-11         97035         Ultrasound         59.00         0.00         0.00         0.00         59.00         59.00           12-27-11         97010         Hot/Cold pack         54.00         0.00         0.00         0.00         54.00         54.00           Total         360.00         0.00         0.00         0.00         0.00         360.00         360.00           12-29-11         97110         Therapeutic Exercise         86.00         0.00         0.00         0.00         0.00         86.00           12-29-11         97140         Manual Therapy Techniques         75.00         0.00         0.00         0.00         75.00           12-29-11         97035         Ultrasound         59.00         0.00         0.00         0.00         0.00         59.00           12-29-11         97010         Hot/Cold pack         54.00         0.00         0.00 <td< td=""><td>Total</td><td></td><td></td><td>360.00</td><td>0.00</td><td>0.00</td><td>0.00</td><td>0.00</td><td>360,00</td><td>360.00</td></td<>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Total    |       |                                        | 360.00        | 0.00                                  | 0.00    | 0.00   | 0.00                 | 360,00             | 360.00           |
| 12-27-11         97140         Manual Therapy Techniques         75.00         0.00         0.00         0.00         75.00         75.00           12-27-11         97035         Ultrasound         59.00         0.00         0.00         0.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 12-27-11 | 97110 | Therapeutic Exercise [2]               | 172.00        | 0.00                                  | 0.00    |        |                      |                    | 172.00           |
| 12-27-11         97035         Ultrasound         59.00         0.00         0.00         0.00         59.00         59.00           12-27-11         97010         Hot/Cold pack         54.00         0.00         0.00         0.00         54.00         54.00           Total         360.00         0.00         0.00         0.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 12-27-11 | 97140 | Manual Therapy Techniques              | 75.00         | 0.00                                  | 0.00    | 0.00   | 0.00                 |                    | 75.00            |
| 12-27-11         97010         Hot/Cold pack         54.00         0.00         0.00         0.00         54.00         54.00           Total         360.00         0.00         0.00         0.00         0.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00 <t< td=""><td>12-27-11</td><td>97035</td><td>Ultrasound</td><td>59.00</td><td>0.00</td><td></td><td></td><td></td><td></td><td>59.00</td></t<>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 12-27-11 | 97035 | Ultrasound                             | 59.00         | 0.00                                  |         |        |                      |                    | 59.00            |
| Total         360.00         0.00         0.00         0.00         360.00         360.00           12-29-11         97110         Therapeutic Exercise         86.00         0.00         0.00         0.00         0.00         86.00         86.00           12-29-11         97140         Manual Therapy Techniques         75.00         0.00         0.00         0.00         75.00         75.00           12-29-11         97035         Ultrasound         59.00         0.00         0.00         0.00         59.00         59.00           12-29-11         97010         Hot/Cold pack         54.00         0.00         0.00         0.00         54.00         54.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 12-27-11 | 97010 | Hot/Cold pack                          | 54.00         | 0.00                                  | 0.00    |        |                      |                    | 54.00            |
| 12-29-11         97110         Therapeutic Exercise         86.00         0.00         0.00         0.00         86.00         86.00           12-29-11         97140         Manual Therapy Techniques         75.00         0.00         0.00         0.00         75.00         75.00           12-29-11         97035         Ultrasound         59.00         0.00         0.00         0.00         59.00         59.00           12-29-11         97010         Hot/Cold pack         54.00         0.00         0.00         0.00         54.00         54.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Total    |       |                                        |               | · · · · · · · · · · · · · · · · · · · |         |        |                      |                    |                  |
| 12-29-11         97140         Manual Therapy Techniques         75.00         0.00         0.00         0.00         75.00         75.00           12-29-11         97035         Ultrasound         59.00         0.00         0.00         0.00         59.00         59.00           12-29-11         97010         Hot/Cold pack         54.00         0.00         0.00         0.00         54.00         54.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 12-29-11 | 97110 | Therapeutic Exercise                   |               |                                       |         |        |                      |                    | 86.00            |
| 12-29-11         97035         Ultrasound         59.00         0.00         0.00         0.00         59.00         59.00           12-29-11         97010         Hot/Cold pack         54.00         0.00         0.00         0.00         54.00         54.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 12-29-11 | 97140 |                                        |               |                                       |         |        |                      |                    | 75.00            |
| 12-29-11 97010 Hot/Cold pack 54.00 0.00 0.00 0.00 54.00 54.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 12-29-11 | 97035 | Ultrasound                             |               |                                       |         |        |                      |                    | 59.00            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 12-29-11 | 97010 | Hot/Cold pack                          |               |                                       |         |        |                      |                    |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Total    |       | 1                                      | 274.00        | 0.00                                  | 0.00    | 0.00   | 0,00                 |                    | 274.00           |

| DATE OF<br>SERVICE | CPT.  | DESCRIPTION               | CHARGE | INSURANCE<br>PAID | PATIENT<br>PAID | ADJUST  | INSURANCE<br>BALANCE                  | PATIENT:<br>BALANCE | TOTAL<br>BALANCE |
|--------------------|-------|---------------------------|--------|-------------------|-----------------|---------|---------------------------------------|---------------------|------------------|
| 01-03-12           | 97110 | Therapeutic Exercise      | 86.00  | 0.00              | 0.00            | 0.00    | 0.00                                  | 86.00               | 86.00            |
| 01-03-12           |       | Manual Therapy Techniques | 75.00  | 0.00              | 0.00            | 0.00    | 0.00                                  |                     | 75.00            |
| 01-03-12           |       | Ultrasound                | 59.00  | 0.00              | 0.00            | 0.00    | 0.00                                  | 59.00               | 59.00            |
| Total              | 0,000 | Onlabound                 | 220.00 | 0.00              | 0.00            | 0.00    | 0.00                                  |                     | 220.00           |
| 01-05-12           | 97110 | Therapeutic Exercise [ 3] | 258.00 | 0.00              | 0.00            | 0.00    | 0.00                                  | 258.00              | 258.00           |
| 01-05-12           | 97035 | Ultrasound                | 59.00  | 0.00              | 0.00            | 0.00    | 0.00                                  | 59.00               | 59.00            |
| Total              |       |                           | 317.00 | 0.00              | 0.00            | 0.00    | 0.00                                  |                     | 317.00           |
| 01-09-12           | 97110 | Therapeutic Exercise [ 2] | 172.00 | 0.00              | 0.00            | 0.00    | 0.00                                  | 172.00              | 172.00           |
| 01-09-12           | 97140 | Manual Therapy Techniques | 75.00  | 0.00              | 0.00            | 0.00    | 0.00                                  | 75.00               | 75.00            |
| 01-09-12           | 97035 | Ultrasound                | 59.00  | 0.00              | 0.00            | 0.00    | 0.00                                  | 59.00               | 59.00            |
| 01-09-12           | 97010 | Hot/Cold pack             | 54.00  | 0.00              | 0.00            | 0.00    | 0.00                                  | 54.00               | 54.00            |
| Total              |       |                           | 360.00 | 0.00              | 0.00            | 0.00    | 0.00                                  | 360.00              | 360.00           |
| 01-11-12           | 97110 | Therapeutic Exercise [ 2] | 172.00 | 0.00              | 0.00            | 0.00    | 0.00                                  | 172.00              | 172.00           |
| 01-11-12           | 97140 | Manual Therapy Techn [2]  | 150.00 | 0.00              | 0.00            | 0.00    | 0.00                                  | 150.00              | 150.00           |
| 01-11-12           | 97035 | Ultrasound                | 59.00  | 0.00              | 0.00            | 0.00    | 0.00                                  | 59.00               | 59.00            |
| 01-11-12           | 97010 | Hot/Cold pack             | 54.00  | 0.00              | 0.00            | 0.00    | 0.00                                  | 54.00               | 54.00            |
| 01-11-12           | 97110 | Therapeutic Exercise [ 2] | 172.00 | 0.00              | 0.00            | -172.00 | 0.00                                  | 0.00                | 0.00             |
| 01-11-12           | 97140 | Manual Therapy Techn [2]  | 150.00 | 0.00              | 0.00            | -150.00 | 0.00                                  | 0.00                | 0.00             |
| 01-1 1-12          | 97035 | Ultrasound                | 59.00  | 0.00              | 0.00            | -59.00  | 0.00                                  | 0.00                | 0.00             |
| 01-11-12           | 97010 | Hot/Cold pack             | 54.00  | 0.00              | 0.00            | -54.00  | 0.00                                  | 0.00                | 0.00             |
| Total              |       |                           | 870.00 | 0.00              | 0.00            | -435.00 | 0.00                                  |                     | 1                |
| 01-16-12           | 97110 | Therapeutic Exercise [ 2] | 172.00 | 0.00              | 0.00            | 0.00    | 0.00                                  |                     |                  |
| 01-16-12           | 97140 | Manual Therapy Techniques | 75.00  | 0.00              | 0.00            | 0,00    | 0.00                                  | 1                   | 75.00            |
| 01-16-12           | 97035 | Ultrasound                | 59.00  | 0.00              | <u> </u>        | ·       | 0.00                                  |                     |                  |
| 01-16-12           | 97010 | Hot/Cold pack             | 54.00  | 0,00              | 0.00            | 0.00    | 0.00                                  | <u> </u>            | l I              |
| Total              |       |                           | 360.00 |                   | <u> </u>        | ,,,,,   | 0.00                                  | 1                   |                  |
| 01-18-12           | 97110 | Therapeutic Exercise      | 86.00  |                   |                 |         | 0.00                                  |                     | l                |
| 01-18-12           | 97140 | Manual Therapy Techniques | 75.00  |                   |                 |         | 0.00                                  |                     | J !i             |
| 01-18-12           | 97035 | Ultrasound                | 59.00  |                   | <del> </del>    |         |                                       |                     |                  |
| 01-18-12           | 97010 | Hot/Cold pack             | 54.00  |                   |                 |         |                                       |                     | · —              |
| Total              |       |                           | 274.00 |                   | <del>  </del>   |         |                                       | <u> </u>            | J                |
| 01-23-12           |       | Therapeutic Exercise [ 2] | 172.00 |                   | ļ               |         |                                       |                     |                  |
| 01-23-12           | 97140 | Manual Therapy Techniques | 75.00  |                   | 1               | <u></u> | 0.00                                  |                     | 1                |
| 01-23-12           | 97035 | Ultrasound                | 59.00  |                   |                 |         | 0.00                                  | <b></b>             |                  |
| 01-23-12           | 97010 | Hot/Cold pack             | 54.00  |                   | <del> </del>    |         | · · · · · · · · · · · · · · · · · · · |                     | J                |
| Total              | I     |                           | 360.00 |                   | ļ               |         | 1                                     |                     |                  |
| 01-25-12           | 97110 | Therapeutic Exercise [ 2] | 172.00 |                   | <u> </u>        | 1       |                                       | 4                   |                  |
| 01-25-12           | 97140 | Manual Therapy Techniques | 75.00  | 0.00              | 0.00            | 0.00    | 0.00                                  | 75.00               | 75.00            |

| DATE OF SERVICE | <b>бР</b> Т (                           | DESCRIPTION                | ÉHARGE / | NSURANGE<br>PAID | PATJENT. | ADJUST | INSURANCE<br>BALANCE | PATIENT<br>BALANCE | TOTAL<br>BACANCE |
|-----------------|-----------------------------------------|----------------------------|----------|------------------|----------|--------|----------------------|--------------------|------------------|
| 01-25-12        | 97035                                   | Ultrasound                 | 59.00    | 0.00             | 0.00     | 0.00   | 0.00                 | 59.00              | 59.00            |
| 01-25-12        | 97010                                   | Hot/Cold pack              | 54.00    | 0.00             | 0.00     | 0.00   | 0.00                 | 54.00              | 54.00            |
| Total           |                                         |                            | 360.00   | 0.00             | 0.00     | 0.00   | 0.00                 | 360.00             | 360.00           |
| 01-30-12        | 97110                                   | Therapeutic Exercise       | 86.00    | 0.00             | 0.00     | 0.00   | 0.00                 | 86.00              | 86.00            |
| 01-30-12        | 97140                                   | Manual Therapy Techniques  | 75.00    | 0.00             | 0.00     | 0.00   | 0.00                 | 75.00              | 75.00            |
| 01-30-12        | 97035                                   | Ultrasound                 | 59.00    | 0.00             | 0.00     | 0.00   | 0.00                 | 59.00              | 59.00            |
| 01-30-12        | 97010                                   | Hot/Cold pack              | 54.00    | 0.00             | 0.00     | 0.00   | 0.00                 | 54.00              | 54.00            |
| Total           |                                         |                            | 274.00   | 0.00             | 0.00     | 0.00   | 0.00                 | 274.00             | 274.00           |
| 02-01-12        | 97110                                   | Therapeutic Exercise       | 86.00    | 0.00             | 0.00     | 0.00   | 0.00                 | 86.00              | 86.00            |
| 02-01-12        | 97140                                   | Manual Therapy Techniques  | 75.00    | 0.00             | 0.00     | 0.00   | 0.00                 | 75.00              | 75.00            |
| 02-01-12        | 97035                                   | Ultrasound                 | 59.00    | 0.00             | 0.00     | 0.00   | 0.00                 | 59.00              | 59.00            |
| 02-01-12        | 97010                                   | Hot/Cold pack              | 54.00    | 0.00             | 0.00     | 0.00   | 0.00                 | 54.00              | 54.00            |
| Total           |                                         |                            | 274.00   | 0.00             | 0.00     | 0.00   | 0.00                 | 274.00             | 274.00           |
| 02-06-12        | 97110                                   | Therapeutic Exercise [ 3]  | 258.00   | 0.00             | 0.00     | 0.00   | 0.00                 | 258.00             | 258.00           |
| 02-06-12        | 97112                                   | Neuromuscular Re-education | 87.00    | 0.00             | 0.00     | 0.00   | 0.00                 | 87.00              | 87.00            |
| Total           |                                         |                            | 345.00   | 0,00             | 0.00     | 0.00   | 0.00                 | 345.00             | 345.00           |
| 04-03-12        | 97003                                   | Occupational Therapy Eval  | 187.00   | 0.00             | 0.00     | 0.00   | 0.00                 | 187.00             | 187.00           |
| 04-03-12        | 97110                                   | Therapeutic Exercise       | 86.00    | 0.00             | 0.00     | 0.00   | 0.00                 | 86.00              | 86,00            |
| 04-03-12        | 97140                                   | Manual Therapy Techniques  | 75.00    | 0.00             | 0.00     | 0.00   | 0.00                 | 75.00              | 75.00            |
| 04-03-12        | 97035                                   | Ultrasound                 | 59.00    | 0.00             | 0.00     | 0.00   | 0.00                 | 59.00              | 59.00            |
| Total           |                                         |                            | 407.00   | 0.00             | 0.00     | 0.00   | 0.00                 | 407.00             | l Li             |
| 04-05-12        | 97110                                   | Therapeutic Exercise [ 2]  | 172.00   | 0.00             | 0.00     | 0.00   | 0.00                 | 172.00             | 172.00           |
| 04-05-12        | 97140                                   | Manual Therapy Techn [ 2]  | 150.00   | 0.00             | 0.00     | 0.00   | 0.00                 | 150.00             | 150.00           |
| 04-05-12        | 97035                                   | Ultrasound                 | 59.00    | 0.00             | 0.00     | 0.00   | 0.00                 | 59.00              | 59.00            |
| 04-05-12        | 97010                                   | Hot/Cold pack              | 54.00    | 0.00             | 0.00     | 0.00   | 0.00                 | 54.00              | 54,00            |
| Total           |                                         |                            | 435.00   | 0.00             | 0.00     | 0.00   | 0.00                 | 435.00             | 435.00           |
| 04-10-12        | 97110                                   | Therapeutic Exercise [ 2]  | 172.00   | 0.00             | 0.00     | 0.00   | 0.00                 | 172.00             | 172.00           |
| 04-10-12        | 97140                                   | Manual Therapy Techniques  | 75.00    | 0.00             | 0.00     | 0.00   | 0.00                 | 75.00              | 75.00            |
| 04-10-12        | 97010                                   | Hot/Cold pack              | 54.00    | 0.00             | 0.00     | 0.00   | 0.00                 | 54.00              | 54.00            |
| Total           | *************************************** |                            | 301.00   | 0.00             | 0.00     | 0.00   | 0.00                 |                    |                  |
| 04-12-12        | 97110                                   | Therapeutic Exercise [2]   | 172.00   | 0.00             | 0.00     | 0.00   | 0.00                 | 172.00             | 172.00           |
| 04-12-12        | 97035                                   | Ultrasound                 | 59.00    | 0.00             | 0.00     | 0.00   | 0.00                 | 59.00              | 59.00            |
| 04-12-12        | 97010                                   | Hot/Cold pack              | 54.00    | 0.00             | 0.00     | 0.00   | 0.00                 | 54.00              | 54.00            |
| Total           |                                         |                            | 285.00   | 0.00             | 0.00     | 0.00   | 0.00                 |                    | h.u              |
| 04-16-12        | 97110                                   | Therapeutic Exercise [2]   | 172.00   | 0.00             | 0.00     | 0.00   | 0.00                 | 172.00             | 172.00           |
| 04-16-12        | 97140                                   | Manual Therapy Techniques  | 75,00    | 0.00             | 0.00     | 0.00   | 0.00                 | 75.00              | 75.00            |
| 04-16-12        | 97035                                   | Ultrasound                 | 59.00    | 0.00             | 0.00     | 0.00   | 0.00                 | 59.00              |                  |
| 04-16-12        | 97010                                   | Hot/Cold pack              | 54.00    | 0.00             | 0.00     | 0.00   | 0.00                 | 54.00              | 54.00            |

| Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Sect  | DATE OF  | CPT                                    | DESCRIPTION               | GHARGES      | INSURANCE         | PATIENT                               | ADJUST T | INSUBANCE            | PATIENT |                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------|---------------------------|--------------|-------------------|---------------------------------------|----------|----------------------|---------|-------------------|
| 0.4-18-12   97110   Therapoutic Exercise   \$6.00   0.00   0.00   0.00   0.00   0.00   86.00   0.4-18-12   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   0.00   55.00   55.00   0.4-18-12   97010   Holf/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   55.00   55.00   0.4-18-12   97010   Holf/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0 | SERVICE  |                                        | DESCRIPTION               | The state of | INSURANCE<br>PAID | PATIENT<br>PAID                       | 2 3      | INSURANCE<br>BALANCE | BALANCE | TOTAL<br>BALLANCE |
| 04-18-12   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   75.00   75.00   04-18-12   97035   Ultrasound   59.00   0.00   0.00   0.00   0.00   59.00   59.00   04-18-12   97010   HolfCold pack   54.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   |          | T                                      |                           | 360.00       | 0.00              | 0.00                                  | 0.00     | 0.00                 | 360.00  | 360.00            |
| O4-18-12   97035   Ultrasound   59.00   0.00   0.00   0.00   0.00   59.00   59.00   04-18-12   97010   hol/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   54.00   54.00   54.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04.00   04  | ·        |                                        | Therapeutic Exercise      | 86.00        | 0.00              | 0.00                                  | 0.00     | 0.00                 | 86.00   | 86.00             |
| Del-18-12   97010   Hof/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   |          | <u> </u>                               | Manual Therapy Techniques | 75.00        | 0.00              | 0.00                                  | 0.00     | 0.00                 | 75.00   | 75.00             |
| Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          | 97035                                  | Ultrasound                | 59.00        | 0.00              | 0.00                                  | 0.00     | 0.00                 | 59.00   | 59.00             |
| 04-26-12   97110   Therapeutic Exercise [ 2]   172.00   0.00   0.00   0.00   0.00   0.00   172.00   172.00   04-26-12   97035   Ultrasound   59.00   0.00   0.00   0.00   0.00   59.00   59.00   04-26-12   97010   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   54.00   54.00   04-27-12   97110   Therapeutic Exercise   86.00   0.00   0.00   0.00   0.00   0.00   360.00   360.00   04-27-12   97110   Therapeutic Exercise   86.00   0.00   0.00   0.00   0.00   0.00   59.00   04-27-12   971010   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   59.00   59.00   04-27-12   97035   Ultrasound   59.00   0.00   0.00   0.00   0.00   0.00   59.00   59.00   04-27-12   97010   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   59.00   59.00   05-02-12   97130   Therapeutic Exercise [ 2]   172.00   0.00   0.00   0.00   0.00   0.00   274.00   274.00   05-02-12   97035   Ultrasound   59.00   0.00   0.00   0.00   0.00   0.00   0.00   274.00   274.00   05-02-12   97035   Ultrasound   59.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.0  | 04-18-12 | 97010                                  | Hot/Cold pack             | 54.00        | 0.00              | 0.00                                  | 0.00     | 0.00                 | 54.00   | 54.00             |
| 04-26-12   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   75.00   75.00   0.426-12   97035   Ultrasound   59.00   0.00   0.00   0.00   0.00   59.00   59.00   59.00   0.426-12   97010   Hol/Cold pack   54.00   0.00   0.00   0.00   0.00   54.00   54.00   54.00   0.426-12   97110   Therapeutic Exercise   88.00   0.00   0.00   0.00   0.00   0.00   68.00   66.00   64.27-12   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   69.00   69.00   69.00   64.27-12   97035   Ultrasound   59.00   0.00   0.00   0.00   0.00   69.00   59.00   65.02-12   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   69.00   59.00   65.02-12   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   59.00   59.00   65.02-12   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   59.00   59.00   65.02-12   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   0.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   75.00   |          |                                        |                           | 274.00       | 0.00              | 0.00                                  | 0.00     | 0.00                 | 274.00  | 274.00            |
| 04-26-12   97035   Ultrasound   59.00   0.00   0.00   0.00   59.00   59.00   0.00   0.00   0.00   59.00   59.00   0.00   0.00   0.00   59.00   59.00   59.00   0.00   0.00   0.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00   59.00     |          | 97110                                  | Therapeutic Exercise [ 2] | 172.00       | 0.00              | 0.00                                  | 0.00     | 0.00                 | 172.00  | 172.00            |
| 04-26-12   97101   Hol/Cold pack   54.00   0.00   0.00   0.00   0.00   54.00   54.00   64.00   64.27-12   97110   Therapeutic Exercise   86.00   0.00   0.00   0.00   0.00   0.00   360.00   360.00   64.27-12   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   0.00   59.00   59.00   64.27-12   97035   Ultrasound   59.00   0.00   0.00   0.00   0.00   0.00   59.00   59.00   64.27-12   97010   Hol/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   54.00   54.00   55.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.00   65.  |          | 97140                                  | Manual Therapy Techniques | 75.00        | 0.00              | 0.00                                  | 0.00     | 0.00                 | 75.00   | 75.00             |
| Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ļ        | 97035                                  | Ultrasound                | 59.00        | 0.00              | 0.00                                  | 0.00     | 0.00                 | 59.00   | 59.00             |
| 04-27-12   97110   Therapeutic Exercise   88.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00    | 04-26-12 | 97010                                  | Hot/Cold pack             | 54.00        | 0.00              | 0.00                                  | 0.00     | 0.00                 | 54.00   | 54.00             |
| 04-27-12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Total    |                                        |                           | 360.00       | 0.00              | 0.00                                  | 0.00     | 0.00                 | 360.00  | 360.00            |
| 04-27-12   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0  | 04-27-12 | 97110                                  | Therapeutic Exercise      | 86.00        | 0.00              | 0.00                                  | 0.00     | 0.00                 | 86.00   | 66.00             |
| 04-27-12   97035   Ultrasound   59.00   0.00   0.00   0.00   0.00   59.00   59.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          | 97140                                  | Manual Therapy Techniques | 75.00        | 0.00              | 0.00                                  | 0.00     | 0.00                 | 75.00   | 75.00             |
| O4-27-12   97010   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   54.00   54.00   54.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.0  | 04-27-12 | 97035                                  | Ultrasound                | 59.00        | 0.00              | 0.00                                  | 0.00     |                      |         | 59.00             |
| Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 04-27-12 | 97010                                  | Hot/Cold pack             | 54.00        | 0.00              | 0,00                                  | 0.00     | 0.00                 |         | 54.00             |
| 05-02-12   97110   Therapeutic Exercise [ 2]   172.00   0.00   0.00   0.00   0.00   172.00   172.00   0.50-02-12   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   0.00   0.00   59.00   59.00   0.50-02-12   97010   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   54.00   54.00   0.50-02-12   97110   Therapeutic Exercise   86.00   0.00   0.00   0.00   0.00   0.00   0.00   360.00   360.00   0.50-02-12   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   59.00   59.00   0.50-04-12   97035   Ultrasound   59.00   0.00   0.00   0.00   0.00   0.00   59.00   59.00   0.50-04-12   97010   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   54.00   54.00   0.50-04-12   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   59.00   59.00   0.50-04-12   97010   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   54.00   54.00   0.50-04-12   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   274.00   274.00   0.50-07-12   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   0.00   274.00   274.00   0.50-07-12   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   0.00   75.00   75.00   0.50-07-12   97035   Ultrasound   59.00   0.00   0.00   0.00   0.00   0.00   59.00   59.00   0.50-07-12   97035   Ultrasound   59.00   0.00   0.00   0.00   0.00   0.00   59.00   59.00   0.50-07-12   97010   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   54.00   54.00   0.50-07-12   97010   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   54.00   54.00   54.00   0.50-07-12   97110   Therapeutic Exercise [ 3]   258.00   0.00   0.00   0.00   0.00   0.00   360.00   0.50-07-12   97110   Therapeutic Exercise [ 3]   258.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.50-07-12   0.51-07-12   97110   Therapeutic Exercise [ 2]   172.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.50-07-12   0.51-07-12   0.51-07-12   0.51-07-12   0.51-07-12   0.00   0.00   0.00   0.00   0.00   0.0  | Total    | · · · · · · · · · · · · · · · · · · ·  |                           | 274.00       | 0.00              | 0.00                                  | 0.00     | 0.00                 | 274.00  | 274,00            |
| 05-02-12         97140         Manual Therapy Techniques         75.00         0.00         0.00         0.00         75.00         75.00           05-02-12         97035         Ultrasound         59.00         0.00         0.00         0.00         59.00         59.00           05-02-12         97010         Hot/Cold pack         54.00         0.00         0.00         0.00         54.00         54.00           Total         360.00         0.00         0.00         0.00         0.00         0.00         360.00         360.00           05-04-12         97110         Therapeutic Exercise         86.00         0.00         0.00         0.00         0.00         360.00           05-04-12         97140         Manual Therapy Techniques         75.00         0.00         0.00         0.00         0.00         75.00           05-04-12         97010         Hot/Cold pack         54.00         0.00         0.00         0.00         59.00         59.00           05-07-12         97110         Therapeutic Exercise [2]         172.00         0.00         0.00         0.00         274.00         274.00           05-07-12         97110         Manual Therapy Techniques         75.00         0.00<                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 05-02-12 | 97110                                  | Therapeutic Exercise [ 2] | 172.00       | 0.00              | 0.00                                  | 0.00     |                      |         | 172.00            |
| 05-02-12         97035         Ultrasound         59.00         0.00         0.00         0.00         59.00         59.00           05-02-12         97010         Hot/Cold pack         54.00         0.00         0.00         0.00         54.00         54.00           Total         360.00         0.00         0.00         0.00         0.00         0.00         360.00         360.00           05-04-12         97110         Therapeutic Exercise         86.00         0.00         0.00         0.00         0.00         0.00         360.00           05-04-12         97140         Manual Therapy Techniques         75.00         0.00         0.00         0.00         0.00         75.00           05-04-12         97035         Ultrasound         59.00         0.00         0.00         0.00         0.00         59.00         59.00           05-04-12         97010         Hot/Cold pack         54.00         0.00         0.00         0.00         0.00         274.00         274.00         0.00         0.00         0.00         274.00         274.00         0.00         0.00         0.00         0.00         274.00         274.00         0.00         0.00         0.00         0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 05-02-12 | 97140                                  | Manual Therapy Techniques | 75.00        | 0.00              | 0.00                                  | 0.00     |                      |         | 75.00             |
| 05-02-12   97010   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   54.00   54.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00  | 05-02-12 | 97035                                  | Ultrasound                | 59.00        | 0.00              | 0.00                                  |          |                      |         | 59.00             |
| Total   97110   Therapeutic Exercise   86.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.  | 05-02-12 | 97010                                  | Hot/Cold pack             | 54.00        | 0.00              | 0.00                                  | 0.00     |                      |         | 54.00             |
| 05-04-12         97110         Therapeutic Exercise         86.00         0.00         0.00         0.00         86.00         86.00           05-04-12         97140         Manual Therapy Techniques         75.00         0.00         0.00         0.00         0.00         75.00           05-04-12         97035         Ultrasound         59.00         0.00         0.00         0.00         0.00         59.00           05-04-12         97010         Hot/Cold pack         54.00         0.00         0.00         0.00         0.00         59.00           75-07-12         97110         Therapeutic Exercise [2]         172.00         0.00         0.00         0.00         0.00         274.00           05-07-12         97140         Manual Therapy Techniques         75.00         0.00         0.00         0.00         0.00         75.00           05-07-12         97035         Ultrasound         59.00         0.00         0.00         0.00         0.00         75.00           05-07-12         97035         Ultrasound         59.00         0.00         0.00         0.00         0.00         59.00           05-10-12         97010         Hot/Cold pack         54.00         0.00 <t< td=""><td>Total</td><td>······································</td><td></td><td>360.00</td><td>0.00</td><td></td><td></td><td></td><td></td><td></td></t<>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Total    | ······································ |                           | 360.00       | 0.00              |                                       |          |                      |         |                   |
| 05-04-12         97140         Manual Therapy Techniques         75.00         0.00         0.00         0.00         75.00         75.00           05-04-12         97035         Ultrasound         59.00         0.00         0.00         0.00         59.00         59.00           05-04-12         97010         Hot/Cold pack         54.00         0.00         0.00         0.00         54.00         54.00           Total         274.00         0.00         0.00         0.00         0.00         0.00         172.00         172.00           05-07-12         97110         Therapeutic Exercise [2]         172.00         0.00         0.00         0.00         0.00         172.00         172.00           05-07-12         97140         Manual Therapy Techniques         75.00         0.00         0.00         0.00         0.00         75.00         75.00           05-07-12         97035         Ultrasound         59.00         0.00         0.00         0.00         0.00         59.00         59.00           05-07-12         97010         Hot/Cold pack         54.00         0.00         0.00         0.00         0.00         54.00           75-10-12         97110         Therapeutic Exe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 05-04-12 | 97110                                  | Therapeutic Exercise      | 86.00        | 0.00              |                                       |          |                      |         |                   |
| 05-04-12         97035         Ultrasound         59.00         0.00         0.00         0.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 05-04-12 | 97140                                  | Manual Therapy Techniques | 75.00        | 0.00              | 0.00                                  |          |                      |         |                   |
| 05-04-12         97010         Hot/Cold pack         54.00         0.00         0.00         0.00         54.00           Total         274.00         0.00         0.00         0.00         0.00         274.00           05-07-12         97110         Therapeutic Exercise [2]         172.00         0.00         0.00         0.00         0.00         172.00           05-07-12         97140         Manual Therapy Techniques         75.00         0.00         0.00         0.00         0.00         75.00           05-07-12         97035         Ultrasound         59.00         0.00         0.00         0.00         0.00         59.00           05-07-12         97010         Hot/Cold pack         54.00         0.00         0.00         0.00         59.00         59.00           05-10-12         97110         Therapeutic Exercise [3]         258.00         0.00         0.00         0.00         0.00         54.00           05-10-12         97010         Hot/Cold pack         54.00         0.00         0.00         0.00         0.00         258.00           05-15-12         97110         Therapeutic Exercise [2]         172.00         0.00         0.00         0.00         0.00         <                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 05-04-12 | 97035                                  | Ultrasound                | 59.00        | 0.00              | 0.00                                  |          | <u> </u>             |         | 59.00             |
| Total         274.00         0.00         0.00         0.00         274.00         274.00           05-07-12         97110         Therapeutic Exercise [ 2]         172.00         0.00         0.00         0.00         0.00         172.00         172.00         0.00         0.00         0.00         172.00         172.00         0.00         0.00         0.00         0.00         172.00         172.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         59.00         59.00         0.00         0.00         0.00         0.00         59.00         59.00         59.00         0.00         0.00         0.00         0.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00 <td>05-04-12</td> <td>97010</td> <td>Hot/Cold pack</td> <td>54.00</td> <td>0.00</td> <td>0.00</td> <td></td> <td></td> <td></td> <td></td>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 05-04-12 | 97010                                  | Hot/Cold pack             | 54.00        | 0.00              | 0.00                                  |          |                      |         |                   |
| 05-07-12         97110         Therapeutic Exercise [ 2]         172.00         0.00         0.00         0.00         172.00         172.00           05-07-12         97140         Manual Therapy Techniques         75.00         0.00         0.00         0.00         0.00         75.00         75.00           05-07-12         97035         Ultrasound         59.00         0.00         0.00         0.00         0.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00         59.00 </td <td>Total</td> <td><u> </u></td> <td>1</td> <td>274.00</td> <td>0.00</td> <td></td> <td></td> <td></td> <td></td> <td></td>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Total    | <u> </u>                               | 1                         | 274.00       | 0.00              |                                       |          |                      |         |                   |
| 05-07-12         97140         Manual Therapy Techniques         75.00         0.00         0.00         0.00         75.00           05-07-12         97035         Ultrasound         59.00         0.00         0.00         0.00         0.00         59.00           05-07-12         97010         Hot/Cold pack         54.00         0.00         0.00         0.00         0.00         54.00           Total         360.00         0.00         0.00         0.00         0.00         0.00         360.00           05-10-12         97110         Therapeutic Exercise [ 3]         258.00         0.00         0.00         0.00         0.00         258.00           05-10-12         97010         Hot/Cold pack         54.00         0.00         0.00         0.00         0.00         54.00           Total         312.00         0.00         0.00         0.00         0.00         0.00         54.00           05-15-12         97110         Therapeutic Exercise [ 2]         172.00         0.00         0.00         0.00         0.00         312.00           05-15-12         97140         Manual Therapy Techniques         75.00         0.00         0.00         0.00         0.00         0.00 <td>05-07-12</td> <td>97110</td> <td>Therapeutic Exercise [ 2]</td> <td>172.00</td> <td>0.00</td> <td>0.00</td> <td></td> <td></td> <td></td> <td>172.00</td>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 05-07-12 | 97110                                  | Therapeutic Exercise [ 2] | 172.00       | 0.00              | 0.00                                  |          |                      |         | 172.00            |
| 05-07-12         97035         Ultrasound         59.00         0.00         0.00         0.00         59.00         59.00           05-07-12         97010         Hot/Cold pack         54.00         0.00         0.00         0.00         54.00         54.00           Total         360.00         0.00         0.00         0.00         0.00         360.00         360.00           05-10-12         97110         Therapeutic Exercise [ 3]         258.00         0.00         0.00         0.00         0.00         258.00         258.00           05-10-12         97010         Hot/Cold pack         54.00         0.00         0.00         0.00         0.00         54.00         54.00           Total         312.00         0.00         0.00         0.00         0.00         0.00         54.00         54.00         54.00         54.00         0.00         0.00         0.00         54.00         54.00         54.00         54.00         0.00         0.00         0.00         54.00         54.00         54.00         54.00         0.00         0.00         0.00         0.00         54.00         54.00         54.00         0.00         0.00         0.00         0.00         0.00         <                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 05-07-12 | 97140                                  | Manual Therapy Techniques | 75.00        | 0.00              | 0.00                                  | 0.00     |                      |         | 75.00             |
| 05-07-12         97010         Hot/Cold pack         54.00         0.00         0.00         0.00         54.00         54.00           Total         360.00         0.00         0.00         0.00         0.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00         360.00 <t< td=""><td>05-07-12</td><td>97035</td><td>Ultrasound</td><td>59.00</td><td>0.00</td><td>0.00</td><td></td><td></td><td></td><td>59.00</td></t<>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 05-07-12 | 97035                                  | Ultrasound                | 59.00        | 0.00              | 0.00                                  |          |                      |         | 59.00             |
| Total         360.00         0.00         0.00         0.00         360.00         360.00           05-10-12         97110         Therapeutic Exercise [ 3]         258.00         0.00         0.00         0.00         0.00         258.00         258.00         258.00         0.00         0.00         0.00         0.00         54.00         54.00         54.00         0.00         0.00         0.00         54.00         54.00         54.00         54.00         0.00         0.00         0.00         0.00         54.00         54.00         54.00         54.00         54.00         54.00         54.00         54.00         54.00         54.00         54.00         54.00         54.00         54.00         54.00         54.00         54.00         54.00         54.00         54.00         54.00         54.00         54.00         54.00         54.00         54.00         54.00         54.00         54.00         54.00         54.00         54.00         54.00         54.00         54.00         54.00         54.00         54.00         54.00         54.00         54.00         54.00         54.00         54.00         54.00         54.00         54.00         54.00         54.00         54.00         54.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 05-07-12 | 97010                                  | Hot/Cold pack             | 54.00        | 0.00              | 0.00                                  |          |                      |         |                   |
| 05-10-12         97110         Therapeutic Exercise [ 3]         258.00         0.00         0.00         0.00         258.00         258.00           05-10-12         97010         Hot/Cold pack         54.00         0.00         0.00         0.00         54.00         54.00           Total         312.00         0.00         0.00         0.00         0.00         312.00         312.00           05-15-12         97110         Therapeutic Exercise [ 2]         172.00         0.00         0.00         0.00         172.00         172.00           05-15-12         97140         Manual Therapy Techniques         75.00         0.00         0.00         0.00         75.00         75.00           05-15-12         97035         Ultrasound         59.00         0.00         0.00         0.00         0.00         59.00         59.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Total    |                                        |                           | 360.00       | 0.00              | 0.00                                  |          |                      |         |                   |
| 05-10-12         97010         Hot/Cold pack         54.00         0.00         0.00         0.00         54.00         54.00           Total         312.00         0.00         0.00         0.00         0.00         312.00         312.00           05-15-12         97110         Therapeutic Exercise [2]         172.00         0.00         0.00         0.00         172.00         172.00           05-15-12         97140         Manual Therapy Techniques         75.00         0.00         0.00         0.00         75.00         75.00           05-15-12         97035         Ultrasound         59.00         0.00         0.00         0.00         59.00         59.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 05-10-12 | 97110                                  | Therapeutic Exercise [ 3] | 258.00       | 0.00              | 0.00                                  |          |                      |         |                   |
| Total         312.00         0.00         0.00         0.00         312.00         312.00           05-15-12         97110         Therapeutic Exercise [2]         172.00         0.00         0.00         0.00         0.00         172.00         172.00           05-15-12         97140         Manual Therapy Techniques         75.00         0.00         0.00         0.00         75.00         75.00           05-15-12         97035         Ultrasound         59.00         0.00         0.00         0.00         59.00         59.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 05-10-12 | 97010                                  | Hot/Cold pack             | 54.00        | 0.00              | 0.00                                  |          |                      |         | L                 |
| 05-15-12         97110         Therapeutic Exercise [ 2]         172.00         0.00         0.00         0.00         172.00         172.00           05-15-12         97140         Manual Therapy Techniques         75.00         0.00         0.00         0.00         75.00         75.00           05-15-12         97035         Ultrasound         59.00         0.00         0.00         0.00         59.00         59.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Total    |                                        |                           |              |                   |                                       |          |                      |         |                   |
| 05-15-12         97140         Manual Therapy Techniques         75.00         0.00         0.00         0.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 05-15-12 | 97110                                  | Therapeutic Exercise [ 2] |              |                   | · · · · · · · · · · · · · · · · · · · |          |                      |         |                   |
| 05-15-12 97035 Ultrasound 59.00 0.00 0.00 0.00 59.00 59.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 05-15-12 | 97140                                  | Manual Therapy Techniques |              |                   |                                       | 772.172  |                      |         |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 05-15-12 | 97035                                  | Ultrasound                |              |                   | ***                                   |          |                      |         |                   |
| 05-15-12 97010 Hot/Cold pack 54.00 0.00 0.00 0.00 54.00 54.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 05-15-12 | 97010                                  | Hot/Cold pack             |              |                   |                                       |          |                      |         | 54.00             |

| DATE OF  | CPT          | DESCRIPTION               | CHARGE | INSURANCE         | PATIENT      | ADJUST: A | INSURANCE            | - PATIENTA         | total :          |
|----------|--------------|---------------------------|--------|-------------------|--------------|-----------|----------------------|--------------------|------------------|
| SERVICE  |              | DESCRIPTION               | CIANGE | INSURANCE<br>PAID | PATIENT PAID | 4998      | INSURANCE<br>BALANCE | PATIENT<br>BALANCE | TÖTAL<br>BALANCE |
| Total    |              |                           | 360.00 | 0.00              | 0.00         | 0.00      | 0.00                 | 360.00             | 360.00           |
| 05-17-12 | 97035        | Ultrasound                | 59.00  | 0.00              | 0.00         | 0.00      | 0.00                 | 59.00              | 59.00            |
| 05-17-12 | 97010        | Hot/Cold pack             | 54.00  | 0.00              | 0.00         | 0.00      | 0.00                 | 54.00              | 54.00            |
| Total    |              |                           | 113.00 | 0.00              | 0.00         | 0.00      | 0.00                 | 113.00             | 113.00           |
| 05-24-12 | 97110        | Therapeutic Exercise      | 86.00  | 0.00              | 0.00         | 0.00      | 0.00                 | 86.00              | 86.00            |
| 05-24-12 | 97140        | Manual Therapy Techniques | 75.00  | 0.00              | 0.00         | 0.00      | 0.00                 | 75.00              | 75.00            |
| 05-24-12 | 97035        | Ultrasound                | 59.00  | 0.00              | 0.00         | 0.00      | 0.00                 | 59.00              | 59.00            |
| 05-24-12 | 97010        | Hot/Cold pack             | 54.00  | 0.00              | 0.00         | 0.00      | 0.00                 | 54.00              | 54.00            |
| Total    |              |                           | 274.00 | 0.00              | 0.00         | 0.00      | 0.00                 | 274.00             | 274.00           |
| 05-25-12 | 97110        | Therapeutic Exercise      | 86.00  | 0.00              | 0.00         | 0.00      | 0.00                 | 86.00              | 86.00            |
| 05-25-12 | 97140        | Manual Therapy Techniques | 75.00  | 0.00              | 0.00         | 0.00      | 0.00                 | 75.00              | 75.00            |
| 05-25-12 | 97035        | Ultrasound                | 59.00  | 0.00              | 0.00         | 0.00      | 0.00                 | 59.00              | 59.00            |
| 05-25-12 | 97010        | Hot/Cold pack             | 54.00  | 0.00              | 0.00         | 0.00      | 0.00                 | 54.00              | 54.00            |
| Total    |              |                           | 274.00 | 0.00              | 0.00         | 0.00      | 0.00                 | 274.00             | 274.00           |
| 05-31-12 | 97110        | Therapeutic Exercise      | 86.00  | 0.00              | 0.00         | 0.00      | 0.00                 | 86.00              | 86.00            |
| 05-31-12 | 97140        | Manual Therapy Techniques | 75.00  | 0.00              | 0.00         | 0.00      | 0.00                 | 75.00              | 75.00            |
| 05-31-12 | 97035        | Ultrasound                | 59.00  | 0.00              | 0.00         | 0.00      | 0.00                 | 59.00              | 59.00            |
| 05-31-12 | 97010        | Hot/Cold pack             | 54.00  | 0.00              | 0.00         | 0.00      | 0.00                 | 54.00              | 54.00            |
| Total    | <del>'</del> | /                         | 274.00 | 0.00              | 0.00         | 0.00      | 0.00                 | 274.00             | 274.00           |
| 06-04-12 | 97110        | Therapeutic Exercise [ 2] | 172.00 | 0.00              | 0.00         | 0.00      | 0.00                 | 172.00             | 172.00           |
| 06-04-12 | 97140        | Manual Therapy Techniques | 75.00  | 0,00              | 0.00         | 0.00      | 0.00                 | 75.00              | 75.00            |
| 06-04-12 | 97035        | Ultrasound                | 59.00  | 0.00              | 0.00         | 0.00      | 0.00                 | 59,00              | 59.00            |
| 06-04-12 | 97010        | Hot/Cold pack             | 54.00  | 0.00              | 0.00         | 0.00      | 0.00                 | 54.00              | 54.00            |
| Total    |              |                           | 360.00 | 0.00              | 0.00         | 0.00      | 0.00                 | 360.00             | 360.00           |
| 07-16-12 | 97003        | Occupational Therapy Eval | 187.00 | 0.00              | 0.00         | 0.00      | 0.00                 | 187.00             | 187.00           |
| 07-16-12 | 97110        | Therapeutic Exercise      | 86.00  | 0.00              | 0.00         | 0.00      | 0.00                 | 86.00              | 86.00            |
| 07-16-12 | 97014        | E-Stim Unattended         | 54.00  | 0.00              | 0.00         | 0.00      | 0.00                 | 54.00              | 54.00            |
| Total    |              |                           | 327.00 | 0.00              | 0.00         | 0.00      | 0.00                 | 327.00             | 327.00           |
| 07-19-12 | 97110        | Therapeutic Exercise [ 2] | 172.00 | 0.00              | 0.00         | 0.00      | 0.00                 | 172.00             | 172.00           |
| 07-19-12 | 97140        | Manual Therapy Techniques | 75.00  | 0.00              | 0.00         | 0.00      | 0.00                 | 75.00              | 75.00            |
| 07-19-12 | 97010        | Hot/Cold pack             | 54.00  | 0.00              | 0.00         | 0.00      | 0.00                 | 54.00              | 54.00            |
| Total    |              |                           | 301.00 | 0.00              | 0.00         | 0.00      | 0.00                 | 301.00             | 301.00           |
| 07-23-12 | 97110        | Therapeutic Exercise [ 2] | 172.00 | 0.00              | 0.00         |           |                      |                    | 172.00           |
| 07-23-12 | 97140        | Manual Therapy Techniques | 75.00  | 0.00              | 0.00         |           | 0.00                 | 75.00              | 75.00            |
| 07-23-12 | 97010        | Hot/Cold pack             | 54.00  | 0.00              | 0.00         | 0.00      | 0.00                 |                    | 54 00            |
| Total    | ·            | <u> </u>                  | 301.00 | 0.00              | 0.00         | 0.00      | 0.00                 |                    | 301.00           |
| 07-26-12 | 97110        | Therapeutic Exercise      | 86.00  | 0.00              | 0.00         | 0.00      | 0.00                 | 86.00              | 86.00            |
| 07-26-12 | 97140        | Manual Therapy Techniques | 75.00  | 0.00              | 0.00         | 0.00      | 0.00                 | 75.00              | 75.00            |

| DATE OF  | GPT'             | DESCRIPTION               | CHARGE | INSURANGE | PATIENT<br>PAID | ADJUST | INSURANCE<br>BALANCE | PATIENT | TOTAL<br>BALANCE |
|----------|------------------|---------------------------|--------|-----------|-----------------|--------|----------------------|---------|------------------|
| SERVICE  | 3.4              |                           |        | PAID      | PAID            | doB    | BALANCE              | BALANCE | BALANCE          |
| 07-26-12 | 97035            | Ultrasound                | 59.00  | 0.00      | 0.00            | 0.00   | 0.00                 | 59.00   | 59.00            |
| 07-26-12 | 97010            | Hot/Cold pack             | 54.00  | 0.00      | 0.00            | 0.00   | 0.00                 | 54.00   | 54.00            |
| Total    | , <del>-</del> : |                           | 274.00 | 0,00      | 0.00            | 0.00   | 0.00                 | 274.00  | 274.00           |
| 07-30-12 |                  | Therapeutic Exercise [2]  | 172.00 | 0.00      | 0.00            | 0.00   | 0.00                 | 172.00  | 172.00           |
| 07-30-12 |                  | Manual Therapy Techniques | 75.00  | 0.00      | 0.00            | 0.00   | 0.00                 | 75.00   | 75.00            |
| 07-30-12 | 97010            | Hot/Cold pack             | 54.00  | 0.00      | 0.00            | 0.00   | 0.00                 | 54.00   | 54.00            |
| Total    |                  |                           | 301.00 | 0.00      | 0.00            | 0.00   | 0.00                 | 301.00  | 301.00           |
| 08-02-12 | 97110            | Therapeutic Exercise      | 86.00  | 0.00      | 0.00            | 0.00   | 0.00                 | 86.00   | 86.00            |
| 08-02-12 | 97140            | Manual Therapy Techniques | 75.00  | 0.00      | 0.00            | 0.00   | 0.00                 | 75.00   | 75.00            |
| 08-02-12 | 97035            | Ultrasound                | 59.00  | 0.00      | 0.00            | 0.00   | 0.00                 | 59.00   | 59.00            |
| Total    |                  |                           | 220.00 | 0.00      | 0.00            | 0.00   | 00.00                | 220.00  | 220.00           |
| 08-06-12 | 97110            | Therapeutic Exercise      | 86.00  | 0.00      | 0.00            | 0.00   | 0.00                 | 86.00   | 86.00            |
| 08-06-12 | 97140            | Manual Therapy Techniques | 75.00  | 0.00      | 0.00            | 0.00   | 0.00                 | 75.00   | 75.00            |
| 08-06-12 | 97035            | Ultrasound                | 59.00  | 0.00      | 0.00            | 0.00   | 0.00                 | 59.00   | 59.00            |
| 08-06-12 | 97010            | Hot/Cold pack             | 54.00  | 0.00      | 0.00            | 0.00   | 0.00                 | 54.00   | 54.00            |
| Total    |                  |                           | 274.00 | 0.00      | 0.00            | 0.00   | 0.00                 | 274.00  | 274.00           |
| 08-09-12 | 97110            | Therapeutic Exercise      | 86.00  | 0.00      | 0.00            | 0.00   | 0.00                 | 86.00   | 86.00            |
| 08-09-12 | 97140            | Manual Therapy Techniques | 75.00  | 0.00      | 0.00            | 0.00   | 0.00                 | 75.00   | 75.00            |
| 08-09-12 | 97035            | Ultrasound                | 59.00  | 0.00      | 0.00            | 0.00   | 0.00                 | 59.00   | 59.00            |
| 08-09-12 | 97010            | Hot/Cold pack             | 54.00  | 0.00      | 0.00            | 0.00   | 0.00                 | 54.00   | 54.00            |
| Total    |                  |                           | 274.00 | 0.00      | 0.00            | 0.00   | 0.00                 | 274.00  | 274.00           |
| 08-16-12 | 97110            | Therapeutic Exercise      | 86.00  | 0.00      | 0.00            | 0.00   | 0.00                 | 86.00   | 86.00            |
| 08-16-12 | 97140            | Manual Therapy Techniques | 75.00  | 0.00      | 0.00            | 0.00   | 0.00                 | 75.00   | 75.00            |
| 08-16-12 | 97035            | Ultrasound                | 59.00  | 0.00      | 0.00            | 0.00   | 0.00                 | 59.00   | 59.00            |
| 08-16-12 | 97010            | Hot/Cold pack             | 54.00  | 0.00      | 0.00            | 0.00   | 0.00                 | 54.00   | 54.00            |
| Total    | <del> </del>     | <del></del>               | 274.00 | 0.00      | 0.00            | 0.00   | 0.00                 | 274.00  | 274.00           |
| 08-20-12 | 97110            | Therapeutic Exercise [ 2] | 172.00 | 0.00      | 0.00            | 0.00   | 0.00                 | 172.00  | 172.00           |
| 08-20-12 | 97140            | Manual Therapy Techniques | 75.00  | 0.00      | 0.00            | 0.00   | 0.00                 | 75.00   | 75.00            |
| Total    | <del>'</del>     |                           | 247.00 | 0.00      | 0.00            | 0.00   | 0.00                 | 247.00  | 247.00           |
| 08-23-12 | 97110            | Therapeutic Exercise [ 4] | 344.00 | 0.00      | 0.00            | 0.00   | 0.00                 | 344.00  | 344.00           |
| Total    |                  |                           | 344.00 | 0.00      | 0.00            | 0.00   | 0.00                 | 344.00  | 344.00           |
| 08-28-12 | 97110            | Therapeutic Exercise      | 86.00  | 0.00      | 0.00            | 0.00   | 0.00                 | 86.00   | 86.00            |
| 08-28-12 | 97140            | Manual Therapy Techniques | 75.00  | 0.00      | 0.00            | 0.00   | 0.00                 | 75.00   | 75.00            |
| 08-28-12 | 97035            | Ultrasound                | 59.00  | 0.00      | 0.00            | 0.00   | 0.00                 | 59.00   | 59.00            |
| 08-28-12 | 97010            | Hot/Cold pack             | 54.00  | 0.00      | 0.00            | 0.00   | 0.00                 | 54.00   | 54.00            |
| Total    |                  | 274.00                    | 0.00   | 0.00      | 0.00            | 0.00   | 274.00               | 274.00  |                  |
| 08-30-12 | 97110            | Therapeutic Exercise      | 86.00  | 0.00      |                 |        | 0.00                 |         | 1                |
| 08-30-12 | 97140            | Manual Therapy Techniques | 75.00  | 0.00      | 0.00            | 0.00   | 0.00                 | 75.00   | 75.00            |

| 108-30-12   97010   Not/Cold pack                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | DATE OF<br>SERVICE            | GPT.          | DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | A CHARGE . | INSURANCE | PATIENTS<br>PAID : | ADJUST       | INSURANCE<br>BALANCE | PATIENT<br>BALANCE | TOTAL:  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|--------------------|--------------|----------------------|--------------------|---------|
| Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | and the state of the state of | 07040         | Part of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment o |            | PAID      |                    |              |                      |                    | BALANCE |
| 09-11-12   97110   Therapeutic Exercise   2   172.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.172.00   09-11-12   97101   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00  | ···                           | 97010         | Hot/Cold pack                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |           |                    |              | <del></del>          |                    | 54.00   |
| 09-11-12   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   0.00   75.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               | 97110         | Thoranautia (Turnia I O)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |           |                    |              |                      |                    | 215.00  |
| 1.09-11-12   97010   Holt/Cold pack   54.00   0.00   0.00   0.00   0.00   301.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | L                             |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |           |                    |              |                      |                    | 172.00  |
| Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1</b>                      |               | , , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |           |                    |              |                      |                    | 75.00   |
| 09-13-12   97110   Therapeutic Exercise   88.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.01   0.00   0.01   0.01   0.01   0.01   0.01   0.01   0.01   0.01   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   |                               | 97010         | Horodid back                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |           |                    | <del> </del> |                      |                    | 54.00   |
| 09-13-12   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   75.00   0.913-12   97035   Ultrasound   59.00   0.00   0.00   0.00   0.00   0.00   0.00   59.00   0.913-12   97010   Hol/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   0.00   59.00   0.913-12   97140   Therapeutic Exercise   86.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00  |                               | 07110         | Thoronoutin Francisco                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |           |                    |              |                      |                    | 301.00  |
| 19-13-12   97035   Ultrasound   59.00   0.00   0.00   0.00   59.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |           |                    |              |                      | 4                  | 86.00   |
| 109-13-12   97010   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00  |                               |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |           |                    |              |                      |                    | 75.00   |
| Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | L                             |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |           |                    |              |                      |                    | 59.00   |
| 09-18-12   97110   Therapeutic Exercise   86.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   |                               | 97010         | Hot/Cold pack                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |           |                    |              | 0.00                 | 54.00              | 54.00   |
| 09-18-12   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   75.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               | 07440         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |           |                    | 1            |                      | ļ                  | 274.00  |
| 19-18-12   97035   Ultrasound   59.00   0.00   0.00   0.00   0.00   59.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |           |                    |              | 0.00                 | 86.00              | 86.00   |
| 109-18-12   97010   Hot/Cold pack   54.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | L                             |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | 0.00      | 0.00               | 0.00         | 0.00                 | 75.00              | 75.00   |
| Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               | <u> </u>      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |           | 0.00               | 0.00         | 0.00                 | 59.00              | 59.00   |
| 09-20-12   97110   Therapeutic Exercise [ 2]   172.00   0.00   0.00   0.00   0.00   172.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               | 97010         | Hot/Cold pack                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            | 0.00      | 0.00               | 0.00         | 0.00                 | 54.00              | 54.00   |
| O9-20-12   97140   Manual Therapy Techniques   75.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0 |                               | r <del></del> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 274.00     | 0.00      | 0.00               | 0.00         | 0.00                 | 274.00             | 274.00  |
| 19-20-12   97035   Ultrasound   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-00   19-0 |                               |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 172.00     | 0.00      | 0.00               | 0.00         | 0.00                 | 172.00             | 172.00  |
| Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               | ļ             | Manual Therapy Techniques                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 75.00      | 0.00      | 0.00               | 0.00         | 0.00                 | 75.00              | 75.00   |
| 09-21-12         97110         Therapeutic Exercise         86.00         0.00         0.00         0.00         0.00         86.00           09-21-12         97140         Manual Therapy Techniques         75.00         0.00         0.00         0.00         0.00         75.00           09-21-12         97035         Ultrasound         59.00         0.00         0.00         0.00         59.00           09-21-12         97010         Hot/Cold pack         54.00         0.00         0.00         0.00         59.00           Total         274.00         0.00         0.00         0.00         0.00         0.00         274.00           09-25-12         97110         Therapeutic Exercise         86.00         0.00         0.00         0.00         0.00         86.00           09-25-12         97140         Manual Therapy Techniques         75.00         0.00         0.00         0.00         0.00         75.00           09-25-12         97010         Hot/Cold pack         54.00         0.00         0.00         0.00         59.00           09-27-12         97110         Therapeutic Exercise         86.00         0.00         0.00         0.00         0.00         54.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 09-20-12                      | 97035         | Ultrasound                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 59.00      | 0.00      | 0.00               | 0.00         | 0.00                 | 59.00              | 59.00   |
| 09-21-12         97140         Manual Therapy Techniques         75.00         0.00         0.00         0.00         0.00         75.00           09-21-12         97035         Ultrasound         59.00         0.00         0.00         0.00         0.00         59.00           09-21-12         97010         Hot/Cold pack         54.00         0.00         0.00         0.00         0.00         54.00           Total         274.00         0.00         0.00         0.00         0.00         0.00         0.00         274.00           09-25-12         97110         Therapeutic Exercise         86.00         0.00         0.00         0.00         0.00         36.00           09-25-12         97140         Manual Therapy Techniques         75.00         0.00         0.00         0.00         0.00         75.00           09-25-12         97035         Ultrasound         59.00         0.00         0.00         0.00         0.00         59.00           09-25-12         97010         Hot/Cold pack         54.00         0.00         0.00         0.00         0.00         54.00           Total         274.00         0.00         0.00         0.00         0.00         0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <u> </u>                      | F**           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 306.00     | 0.00      | 0.00               | 0.00         | 0.00                 | 306.00             | 306.00  |
| 09-21-12         97035         Ultrasound         59.00         0.00         0.00         0.00         59.00           09-21-12         97010         Hot/Cold pack         54.00         0.00         0.00         0.00         59.00           Total         274.00         0.00         0.00         0.00         0.00         0.00         274.00           09-25-12         97110         Therapeutic Exercise         86.00         0.00         0.00         0.00         0.00         86.00           09-25-12         97140         Manual Therapy Techniques         75.00         0.00         0.00         0.00         0.00         75.00           09-25-12         97035         Ultrasound         59.00         0.00         0.00         0.00         0.00         59.00           09-25-12         97010         Hot/Cold pack         54.00         0.00         0.00         0.00         59.00           09-27-12         97010         Hot/Cold pack         54.00         0.00         0.00         0.00         0.00         54.00           09-27-12         97110         Therapeutic Exercise         86.00         0.00         0.00         0.00         0.00         0.00         0.00         0.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | L                             | 97110         | Therapeutic Exercise                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 86.00      | 0.00      | 0.00               | 0.00         | 0.00                 | 86.00              | 86.00   |
| 09-21-12         97010         Hot/Cold pack         54.00         0.00         0.00         0.00         0.00         54.00           Total         274.00         0.00         0.00         0.00         0.00         0.00         274.00           09-25-12         97110         Therapeutic Exercise         86.00         0.00         0.00         0.00         0.00         0.00         86.00           09-25-12         97140         Manual Therapy Techniques         75.00         0.00         0.00         0.00         0.00         75.00           09-25-12         97035         Ultrasound         59.00         0.00         0.00         0.00         0.00         59.00           09-25-12         97010         Hot/Cold pack         54.00         0.00         0.00         0.00         59.00           09-27-12         97110         Therapeutic Exercise         86.00         0.00         0.00         0.00         0.00         274.00           09-27-12         97140         Manual Therapy Techniques         75.00         0.00         0.00         0.00         0.00         75.00           09-27-12         97035         Ultrasound         59.00         0.00         0.00         0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ļ                             | 97140         | Manual Therapy Techniques                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 75.00      | 0.00      | 0.00               | 0.00         | 0.00                 | 75.00              | 75.00   |
| Total         274.00         0.00         0.00         0.00         274.00           09-25-12         97110         Therapeutic Exercise         86.00         0.00         0.00         0.00         0.00         86.00           09-25-12         97140         Manual Therapy Techniques         75.00         0.00         0.00         0.00         0.00         75.00           09-25-12         97035         Ultrasound         59.00         0.00         0.00         0.00         0.00         59.00           09-25-12         97010         Hot/Cold pack         54.00         0.00         0.00         0.00         0.00         54.00           Total         274.00         0.00         0.00         0.00         0.00         0.00         0.00         274.00           09-27-12         97110         Therapeutic Exercise         86.00         0.00         0.00         0.00         0.00         86.00           09-27-12         97140         Manual Therapy Techniques         75.00         0.00         0.00         0.00         0.00         75.00           09-27-12         97035         Ultrasound         59.00         0.00         0.00         0.00         0.00         59.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | I                             | 97035         | Ultrasound                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 59.00      | 0.00      | 0.00               | 0.00         | 0.00                 | 59.00              | 59.00   |
| 09-25-12         97110         Therapeutic Exercise         86.00         0.00         0.00         0.00         0.00         86.00           09-25-12         97140         Manual Therapy Techniques         75.00         0.00         0.00         0.00         0.00         0.00         75.00           09-25-12         97035         Ultrasound         59.00         0.00         0.00         0.00         0.00         59.00           09-25-12         97010         Hot/Cold pack         54.00         0.00         0.00         0.00         0.00         54.00           Total         274.00         0.00         0.00         0.00         0.00         0.00         0.00         274.00           09-27-12         97110         Therapeutic Exercise         86.00         0.00         0.00         0.00         0.00         0.00         86.00           09-27-12         97140         Manual Therapy Techniques         75.00         0.00         0.00         0.00         0.00         75.00           09-27-12         97035         Ultrasound         59.00         0.00         0.00         0.00         0.00         59.00           09-27-12         97010         Hot/Cold pack         54.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 09-21-12                      | 97010         | Hot/Cold pack                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 54.00      | 0.00      | 0.00               | 0.00         | 0.00                 | 54.00              | 54.00   |
| 09-25-12         97140         Manual Therapy Techniques         75.00         0.00         0.00         0.00         75.00           09-25-12         97035         Ultrasound         59.00         0.00         0.00         0.00         59.00           09-25-12         97010         Hot/Cold pack         54.00         0.00         0.00         0.00         59.00           Total         274.00         0.00         0.00         0.00         0.00         0.00         274.00           09-27-12         97110         Therapeutic Exercise         86.00         0.00         0.00         0.00         0.00         86.00           09-27-12         97140         Manual Therapy Techniques         75.00         0.00         0.00         0.00         0.00         75.00           09-27-12         97035         Ultrasound         59.00         0.00         0.00         0.00         0.00         59.00           09-27-12         97010         Hot/Cold pack         54.00         0.00         0.00         0.00         0.00         54.00           Total         274.00         0.00         0.00         0.00         0.00         0.00         274.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                               |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 274.00     | 0.00      | 0.00               | 0.00         | 0.00                 | 274.00             | 274.00  |
| 09-25-12         97035         Ultrasound         59.00         0.00         0.00         0.00         59.00           09-25-12         97010         Hot/Cold pack         54.00         0.00         0.00         0.00         59.00           Total         274.00         0.00         0.00         0.00         0.00         274.00           09-27-12         97110         Therapeutic Exercise         86.00         0.00         0.00         0.00         0.00         86.00           09-27-12         97140         Manual Therapy Techniques         75.00         0.00         0.00         0.00         75.00           09-27-12         97035         Ultrasound         59.00         0.00         0.00         0.00         59.00           09-27-12         97010         Hot/Cold pack         54.00         0.00         0.00         0.00         54.00           Total         274.00         0.00         0.00         0.00         0.00         274.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ا ا                           | 97110         | Therapeutic Exercise                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 86.00      | 0.00      | 0.00               | 0.00         | 0.00                 | 86.00              | 86.00   |
| 09-25-12         97010         Hot/Cold pack         54.00         0.00         0.00         0.00         59.00           Total         274.00         0.00         0.00         0.00         0.00         0.00         274.00           09-27-12         97110         Therapeutic Exercise         86.00         0.00         0.00         0.00         0.00         86.00           09-27-12         97140         Manual Therapy Techniques         75.00         0.00         0.00         0.00         75.00           09-27-12         97035         Ultrasound         59.00         0.00         0.00         0.00         0.00         59.00           09-27-12         97010         Hot/Cold pack         54.00         0.00         0.00         0.00         0.00         54.00           Total         274.00         0.00         0.00         0.00         0.00         0.00         274.00         0.00         0.00         0.00         274.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               | 97140         | Manual Therapy Techniques                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 75.00      | 0.00      | 0.00               | 0.00         | 0.00                 | 75.00              | 75.00   |
| 09-25-12         97010         Hot/Cold pack         54.00         0.00         0.00         0.00         54.00           Total         274.00         0.00         0.00         0.00         0.00         0.00         274.00           09-27-12         97110         Therapeutic Exercise         86.00         0.00         0.00         0.00         0.00         86.00           09-27-12         97140         Manual Therapy Techniques         75.00         0.00         0.00         0.00         75.00           09-27-12         97035         Ultrasound         59.00         0.00         0.00         0.00         59.00           09-27-12         97010         Hot/Cold pack         54.00         0.00         0.00         0.00         54.00           Total         274.00         0.00         0.00         0.00         0.00         274.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | L                             | 97035         | Ultrasound                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 59.00      | 0.00      | 0.00               | 0.00         | 0.00                 | 59.00              | 59.00   |
| Total         274.00         0.00         0.00         0.00         274.00           09-27-12         97110         Therapeutic Exercise         86.00         0.00         0.00         0.00         0.00         86.00           09-27-12         97140         Manual Therapy Techniques         75.00         0.00         0.00         0.00         0.00         75.00           09-27-12         97035         Ultrasound         59.00         0.00         0.00         0.00         59.00           09-27-12         97010         Hot/Cold pack         54.00         0.00         0.00         0.00         54.00           Total         274.00         0.00         0.00         0.00         0.00         274.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 09-25-12                      | 97010         | Hot/Cold pack                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 54.00      | 0.00      | 0.00               | 0.00         | 0.00                 | 54.00              | 54.00   |
| 09-27-12         97110         Therapeutic Exercise         86.00         0.00         0.00         0.00         86.00           09-27-12         97140         Manual Therapy Techniques         75.00         0.00         0.00         0.00         75.00           09-27-12         97035         Ultrasound         59.00         0.00         0.00         0.00         59.00           09-27-12         97010         Hot/Cold pack         54.00         0.00         0.00         0.00         54.00           Total         274.00         0.00         0.00         0.00         0.00         274.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Total                         |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 274.00     | 0.00      | 0.00               |              |                      | <u> </u>           | 274.00  |
| 09-27-12         97140         Manual Therapy Techniques         75.00         0.00         0.00         0.00         75.00           09-27-12         97035         Ultrasound         59.00         0.00         0.00         0.00         59.00           09-27-12         97010         Hot/Cold pack         54.00         0.00         0.00         0.00         54.00           Total         274.00         0.00         0.00         0.00         0.00         274.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 09-27-12                      | 97110         | Therapeutic Exercise                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 86.00      | 0.00      | 0.00               |              |                      |                    | 86.00   |
| 09-27-12         97035         Ultrasound         59.00         0.00         0.00         0.00         59.00           09-27-12         97010         Hot/Cold pack         54.00         0.00         0.00         0.00         0.00         54.00           Total         274.00         0.00         0.00         0.00         0.00         274.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 09-27-12                      | 97140         | Manual Therapy Techniques                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 75.00      |           |                    |              |                      |                    | 75.00   |
| 09-27-12         97010         Hot/Cold pack         54.00         0.00         0.00         0.00         54.00           Total         274.00         0.00         0.00         0.00         0.00         274.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 09-27-12                      | 97035         | Ultrasound                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 59.00      |           |                    |              |                      |                    | 59.00   |
| Total 274.00 0.00 0.00 0.00 0.00 274.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 09-27-12                      | 97010         | Hot/Cold pack                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |           |                    |              |                      |                    | 54.00   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Total                         |               | Lagran and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the sta |            |           |                    |              |                      |                    | 274.00  |
| 09-28-12 97110 Therapeutic Exercise 86.00 0.00 0.00 0.00 0.00 86.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 09-28-12                      | 97110         | Therapeutic Exercise                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |           |                    |              |                      |                    | 86.00   |
| 09-28-12 97140 Manual Therapy Techniques 75.00 0.00 0.00 0.00 0.00 75.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 09-28-12                      | 97140         | Manual Therapy Techniques                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |           |                    |              |                      |                    | 75.00   |
| 09-28-12 97035 Ultrasound 59.00 0.00 0.00 0.00 59.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 09-28-12                      |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |           |                    |              |                      |                    | 59.00   |

| DATE OF<br>SERVICE | CPT.         | DESCRIPTION               | CHARGE | INSURANCE<br>PAID | PATIENT<br>PAID | ADJUST | INSURANCE<br>BALANCE | PATIËNT<br>BALANÇE | TOTAL<br>BALANCE |
|--------------------|--------------|---------------------------|--------|-------------------|-----------------|--------|----------------------|--------------------|------------------|
| 09-28-12           | 97010        | Hot/Cold pack             | 54.00  | 0.00              |                 | 0.00   | 0.00                 |                    | 54.00            |
| Total              |              |                           | 274.00 | 0.00              |                 |        | 0.00                 |                    | 274.00           |
| 10-02-12           | 97110        | Therapeutic Exercise      | 86.00  | 0.00              |                 |        | 0.00                 |                    | 86.00            |
| 10-02-12           | 97140        | Manual Therapy Techniques | 75.00  | 0.00              |                 |        | 0.00                 |                    | 75.00            |
| 10-02-12           | 97035        | Ultrasound                | 59.00  | 0.00              |                 |        | 0.00                 |                    | 59.00            |
| 10-02-12           | 97010        | Hot/Cold pack             | 54.00  | 0.00              |                 |        | 0.00                 |                    | 54.00            |
| Total              | ·            |                           | 274.00 | 0.00              |                 |        | 0.00                 |                    | 274.00           |
| 10-04-12           | 97110        | Therapeutic Exercise      | 86.00  | 0.00              |                 |        | 0.00                 | <u> </u>           | 86.00            |
| 10-04-12           | 97140        | Manual Therapy Techniques | 75.00  | 0.00              |                 |        | 0.00                 |                    | 75.00            |
| 10-04-12           | 97035        | Ultrasound                | 59.00  | 0.00              | 0.00            |        | 0.00                 | 59.00              | 59.00            |
| 10-04-12           | 97010        | Hot/Cold pack             | 54.00  | 0.00              | 0.00            |        | 0.00                 |                    | 54.00            |
| Total              | <del>'</del> |                           | 274.00 | 0.00              | 0.00            | 0.00   | 0.00                 |                    | 274.00           |
| 10-05-12           | 97110        | Therapeutic Exercise [ 2] | 172.00 | 0.00              | 0.00            |        | 0.00                 | 172.00             | 172.00           |
| 10-05-12           | 97140        | Manual Therapy Techniques | 75.00  | 0.00              | 0.00            | 0.00   | 0.00                 |                    | 75.00            |
| 10-05-12           | 97035        | Ultrasound                | 59.00  | 0.00              | 0.00            | 0.00   | 0.00                 |                    | 59.00            |
| Total              |              |                           | 306.00 | 0.00              | 0.00            | 0.00   | 0.00                 | 306.00             | 306.00           |
| 10-09-12           | 97110        | Therapeutic Exercise [ 2] | 172.00 | 0.00              | 0.00            | 0.00   | 0.00                 | 172.00             | 172.00           |
| 10-09-12           | 97140        | Manual Therapy Techniques | 75.00  | 0.00              | 0.00            | 0.00   | 0.00                 |                    | 75.00            |
| 10-09-12           | 97035        | Ultrasound                | 59.00  | 0.00              | 0.00            | 0.00   | 0.00                 |                    | 59.00            |
| 10-09-12           | 97010        | Hot/Cold pack             | 54.00  | 0.00              | 0.00            | 0.00   | 0.00                 | 54.00              | 54.00            |
| Total              |              |                           | 360.00 | 0.00              | 0.00            | 0.00   | 0.00                 | 360.00             | 360.00           |
| 10-11-12           | 97110        | Therapeutic Exercise      | 86.00  | 0.00              | 0.00            | 0.00   | 0.00                 | 86.00              | 86.00            |
| 10-11-12           | 97140        | Manual Therapy Techniques | 75.00  | 0.00              | 0.00            | 0.00   | 0.00                 | 75.00              | 75.00            |
| 10-11-12           | 97035        | Ultrasound                | 59.00  | 0.00              | 0.00            | 0.00   | 0.00                 | 59.00              | 59.00            |
| 10-11-12           | 97010        | Hot/Cold pack             | 54.00  | 0.00              | 0.00            | 0.00   | 0.00                 | 54.00              | 54.00            |
| Total              |              |                           | 274.00 | 0.00              | 0.00            | 0.00   | 0.00                 | 274.00             | 274.00           |
| 10-12-12           | 97110        | Therapeutic Exercise      | 86.00  | 0.00              | 0.00            | 0.00   | 0.00                 | 36.00              | 86.00            |
| 10-12-12           | 97140        | Manual Therapy Techniques | 75.00  | 0.00              | 0.00            | 0.00   | 0.00                 | 75.00              | 75.00            |
| 10-12-12           | 97035        | Ultrasound                | 59.00  | 0.00              | 0.00            | 0.00   | 0.00                 | 59.00              | 59.00            |
| 10-12-12           | 97010        | Hot/Cold pack             | 54.00  | 0.00              | 0.00            | 0.00   | 0.00                 | 54.00              | 54.00            |
| Total              |              |                           | 274.00 | 0.00              | 0.00            | 0.00   | 0.00                 | 274.00             | 274.00           |
| 10-16-12           | 97110        | Therapeutic Exercise      | 86.00  | 0.00              | 0.00            | 0.00   | 0.00                 | 86.00              | 86.00            |
| 10-16-12           | 97140        | Manual Therapy Techniques | 75.00  | 0.00              | 0.00            | 0.00   | 0.00                 | 75.00              | 75.00            |
| 10-16-12           |              | Hot/Cold pack             | 54.00  | 0.00              | 0.00            | 0.00   | 0.00                 | 54.00              | 54.00            |
| 10-16-12           | 97035        | Ultrasound                | 59.00  | 0.00              | 0.00            | 0.00   | 0.00                 | 59.00              | 59.00            |
| Total              |              |                           | 274.00 | 0.00              | 0,00            | 0.00   | 0.00                 | 274.00             | 274.00           |
| 10-18-12           |              | Therapeutic Exercise [ 2] | 172.00 | 0.00              | 0.00            | 0.00   | 0.00                 | 172.00             | 172.00           |
| 10-18-12           | 97140        | Manual Therapy Techniques | 75.00  | 0.00              | 0.00            | 0.00   | 0.00                 | 75.00              | 75.00            |

| DATE OF<br>SERVICE | GPT.  | DESCRIPTION               | CHARGE | INSURANCE<br>PAID                     | PATIENT: | ADJUST  | INSURANCE<br>BALANCE | PATIENT:<br>BALANCE | TOTAL<br>BALANCE |
|--------------------|-------|---------------------------|--------|---------------------------------------|----------|---------|----------------------|---------------------|------------------|
| 10-18-12           | 97035 | Ultrasound                | 59.00  | 0.00                                  | 0.00     | 0.00    | 0.00                 |                     | 59.00            |
| Total              |       |                           | 306.00 | 0.00                                  | 0.00     | 0.00    | 0.00                 |                     | 306.00           |
| 10-19-12           | 97110 | Therapeutic Exercise [4]  | 344.00 | 0.00                                  | 0.00     | 0.00    | 0.00                 | 344.00              | 344.00           |
| 10-19-12           |       | Manual Therapy Techniques | 75,00  | 0.00                                  | 0.00     | 0.00    | 0.00                 | 75.00               | 75.00            |
| 10-19-12           | 97035 | Ultrasound                | 59.00  | 0.00                                  | 0.00     | 0.00    | 0.00                 | 59.00               | 59.00            |
| Total              |       | 1.                        | 478.00 | 0.00                                  | 0.00     | 0.00    | 0.00                 | 478.00              | 478.00           |
| 12-12-12           | 97003 | Occupational Therapy Eval | 187.00 | 0.00                                  | 0.00     | -117.00 | 0.00                 | 187.00              | 187.00           |
| Payment            | PCC   | CREDIT CARD               |        | · · · · · · · · · · · · · · · · · · · | -70.00   | ·····   |                      | -70.00              | -70.00           |
| 12-12-12           | 99070 | Biofreeze Rollon 3oz      | 14.00  | 0.00                                  | 0.00     | -14.00  | 0.00                 | 14.00               | 14.00            |
| Total              |       |                           | 201.00 | 0.00                                  | -70.00   | -131.00 | 0.00                 | 0.00                | 0.00             |
| 12-21-12           | 97110 | Therapeutic Exercise      | 86.00  | 0.00                                  | 0.00     | -16.00  | 0.00                 | 86.00               | 86.00            |
| Payment            | PCC   | CREDIT CARD               |        |                                       | -14.00   |         |                      | -14.00              | -14.00           |
| Payment            | PCC   | CREDIT CARD               |        |                                       | -56.00   |         |                      | -56.00              | -56.00           |
| 12-21-12           | 97140 | Manual Therapy Techniques | 75.00  | 0.00                                  | 0.00     | -75.00  | 0.00                 | 75.00               | 75.00            |
| 12-21-12           | 97035 | Ultrasound                | 59.00  | 0.00                                  | 0.00     | -59.00  | 0.00                 | 59.00               | 59.00            |
| 12-21-12           | 97010 | Hot/Cold pack             | 54.00  | 0.00                                  | 0.00     | -54.00  | 0.00                 | 54.00               | 54.00            |
| Total              |       |                           | 274.00 | 0.00                                  | -70.00   | -204.00 | 0.00                 | 0.00                | 0.00             |
| 12-28-12           | 97140 | Manual Therapy Techn [2]  | 150.00 | 0.00                                  | 0.00     | -80.00  | 0.00                 | 150.00              | 150.00           |
| Payment            | PCC   | CREDIT CARD               |        |                                       | -70.00   |         |                      | -70.00              | -70.00           |
| 12-28-12           | 97035 | Ultrasound                | 59.00  | 0.00                                  | 0.00     | -59.00  | 0.00                 | 59.00               | 59.00            |
| 12-28-12           | 97010 | Hot/Cold pack             | 54.00  | 0.00                                  | 0.00     | -54.00  | 0.00                 | 54.00               | 54.00            |
| Total              |       |                           | 263.00 | 0.00                                  | -70.00   | -193.00 | 0.00                 | 0.00                | 0.00             |
| 12-31-12           | 97140 | Manual Therapy Techniques | 75.00  | 0.00                                  | 0.00     | -5.00   | 0.00                 | 75.00               | <b>7</b> 5.00    |
| Payment            | PCC   | CREDIT CARD               |        |                                       | -14.00   |         |                      | -14.00              | -14.00           |
| Payment            | PCC   | CREDIT CARD               |        |                                       | -56.00   |         |                      | -56.00              | -56.00           |
| 12-31-12           | 97035 | Ultrasound                | 59.00  | 0.00                                  | 0.00     | -59,00  | 0.00                 | 59.00               | 59.00            |
| Total              |       |                           | 134.00 | 0.00                                  | -70.00   | -64.00  | 0.00                 | 0.00                | 0.00             |
| 01-04-13           | 97140 | Manual Therapy Techn [2]  | 150.00 | 0.00                                  | 0.00     | 0.00    | 0.00                 | 150.00              | 150.00           |
| Payment            | PCC   | CREDIT CARD               |        |                                       | -14.00   | 1       |                      | -14.00              | -14.00           |
| Payment            | PCC   | CREDIT CARD               |        |                                       | -70.00   |         |                      | -70.00              | -70.00           |
| Payment            | PCC   | CREDIT CARD               |        |                                       | -66.00   |         |                      | -66.00              | -66.00           |
| 01-04-13           | 97110 | Therapeutic Exercise      | 86,00  | 0.00                                  | 0.00     | 0.00    | 0.00                 | 86.00               | 86.00            |
| Paymont            | PCC   | CREDIT CARD               |        |                                       | -4.00    | )       |                      | -4.00               | -4.00            |
| Payment            | PCC   | CREDIT CARD               |        |                                       | -70.00   |         |                      | -70.00              | -70.00           |
| Payment            | PCC   | CREDIT CARD               |        |                                       | -12.00   |         |                      | -12.00              | -12.00           |
| 01-04-13           | 97035 | Ultrasound                | 59.00  | 0.00                                  | 0.00     | 0.00    | 0.00                 |                     | 59.00            |
| Paymont            | PCC   | CREDIT CARD               |        |                                       | -58.00   |         |                      | -58.00              | -58.00           |
| Payment            | PCC   | CREDIT CARD               |        |                                       | -1.00    |         |                      | -1.00               | -1.00            |

| DATE OF SERVICE | GPT.  | DESCRIPTION               | CHARGE   | INSURANCE<br>PAID: | PATIENT.<br>PAID | TEULDA  | INSURANCE<br>BALANCE | PATIENT<br>BALANCES | TÖTAL<br>BALANGE |
|-----------------|-------|---------------------------|----------|--------------------|------------------|---------|----------------------|---------------------|------------------|
| Total           |       |                           | 295.00   | 0.00               | -295.00          | 0.00    | 0.00                 | 0.00                | 0.00             |
| 01-11-13        | 97140 | Manual Therapy Techn [ 2] | 150.00   | 0.00               | 0.00             | 0.00    | 0.00                 | 150.00              | 150.00           |
| Paym∈at         | PCC   | CREDIT CARD               |          |                    | -69.00           |         |                      | -69.00              | -69.00           |
| Payment         | PCC   | CREDIT CARD               |          |                    | -81.00           |         |                      | -81.00              | -81.00           |
| 01-11-13        | 97110 | Therapeutic Exercise      | 86.00    | 0.00               | 0.00             | 0.00    | 0.00                 | 86.00               | 86.00            |
| Payment         | PCC   | CREDIT CARD               | <u> </u> |                    | -59.00           |         |                      | -59.00              | -59.00           |
| Payment         | PCC   | CREDIT CARD               |          |                    | -27.00           |         |                      | -27.00              | -27.00           |
| 01-11-13        | 97035 | Ultrasound                | 59.00    | 0.00               | 0.00             | 0.00    | 0.00                 | 59.00               | 59.00            |
| Paymont         | PCC   | CREDIT CARD               |          |                    | -43.00           |         |                      | -43.00              | -43.00           |
| Payment         | PCC   | CREDIT CARD               |          |                    | -16.00           |         |                      | -16.00              | -16.00           |
| Total           |       |                           | 295.00   | 0.00               | -295.00          | 0.00    | 0.00                 | 0.00                | 0.00             |
| 01-30-13        | 97110 | Therapeutic Exercise [ 3] | 258.00   | 0.00               | 0.00             | 0.00    | 0.00                 | 258.00              | 258.00           |
| Pavinent        | PCC   | CREDIT CARD               |          |                    | -54.00           |         |                      | -54.00              | -54.00           |
| Payment         | PCC   | CREDIT CARD               |          |                    | -70.00           |         |                      | -70.00              | -70.00           |
| Payment         | PCC   | CREDIT CARD               |          |                    | -70.00           | ·       |                      | -70.00              | -70.00           |
| Payment         | PCC   | CREDIT CARD               |          |                    | -64.00           |         |                      | -64.00              | -64.00           |
| 01-30-13        | 97035 | Ultrasound                | 59.00    | 0.00               | 0.00             | 0.00    | 0.00                 | 59.00               | 59.00            |
| Payment         | PCC   | CREDIT CARD               |          |                    | -6.00            |         |                      | -6.00               | -6.00            |
| Payment         | PCC   | CREDIT CARD               |          |                    | -53.00           |         |                      | -53.00              | -53.00           |
| 01-30-13        | A4466 | BandIT Forearm Splint     | 49.00    | 0.00               | 0.00             | 0.00    | 0.00                 | 49.00               | 49.00            |
| Payment         | PCC   | CREDIT CARD               |          |                    | -17.00           |         |                      | -17.00              | -17.00           |
| Haviment        | PCC   | CREDIT CARD               |          |                    | -32.00           |         |                      | -32.00              | -32.00           |
| Total           |       |                           | 366.00   | 0.00               | -366.00          | 0.00    | 0.00                 | 0.00                | 0.00             |
| 02-05-13        | L3808 | WHFO, Rigid w/o joints    | 445.00   | 0.00               | 0.00             | -375.00 | 0.00                 | 445.00              | 445.00           |
| Payment         | PCC   | CREDIT CARD               |          |                    | -38.00           |         |                      | -38.00              | -38.00           |
| Paymont         | PCC   | CREDIT CARD               |          |                    | -32.00           |         |                      | -32.00              | -32.00           |
| Total           |       |                           | 445.00   | 0.00               | -70.00           | -375.00 | 0.00                 | 0.00                | 0.00             |
| 02-08-13        | 97110 | Therapeutic Exercise      | 86.00    | 0.00               | 0.00             | -16.00  | 0.00                 | 86.00               | 86.00            |
| Payment         | PCC   | CREDIT CARD               |          |                    | -38.00           |         |                      | -38.00              | -38.00           |
| Fraymont        | PCC   | CREDIT CARD               |          |                    | -32.00           |         |                      | -32.00              | -32.00           |
| 02-08-13        | 97140 | Manual Therapy Techniques | 75.00    | 0.00               | 0.00             | -75.00  | 0.00                 | 75.00               | 75.00            |
| 02-08-13        | 97035 | Ultrasound                | 59.00    | 0.00               | 0.00             | -59.00  | 0.00                 | 59.00               | 59.00            |
| Total           |       |                           | 220.00   | 0.00               | -70.00           | -150.00 | 0.00                 | 0.00                | 0.00             |
| 02-14-13        | 97110 | Therapeutic Exercise      | 86.00    | 0.00               | 0.00             | -16.00  | 0.00                 | 86.00               | 86.00            |
| Payment         | PCC   | CREDIT CARD               |          | , .                | -38.00           |         |                      | -38.00              | -38.00           |
| 02-14-13        | 97140 | Manual Therapy Techniques | 75.00    | 0.00               | 0.00             | -75.00  | 0.00                 | 75.00               | 75,00            |
| 02-14-13        | 97035 | Ultrasound                | 59.00    | 0.00               | 0.00             | -59.00  | 0.00                 | 59.00               | 59.00            |
| Total           |       |                           | 220.00   | 0.00               | -38.00           | -150.00 | 0.00                 | 32.00               | 32.00            |

| DATE OF SERVICE | € CPT :        | DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | GHARGE | INSURANCE<br>PAID | PATIENT<br>PAID y | ADJUST  | INSURANCE:<br>BALANCE | PATIENT | TÖTAL<br>BALANGE |
|-----------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------------------|-------------------|---------|-----------------------|---------|------------------|
| 02-15-13        | 97110          | The fact of the second second second                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 00.00  |                   | 为此。大学·克拉克         |         | 71.                   | BALANCE |                  |
| 02-15-13        |                | Therapeutic Exercise                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 86.00  | 0.00              |                   | -16.00  | 0.00                  | 86.00   | 86.00            |
| 02-15-13        | 97140          | Manual Therapy Techniques Ultrasound                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 75.00  | 0.00              |                   |         | 0.00                  | 75.00   | 75.00            |
| Total           | 97035          | Oltrasound                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 59.00  | 0.00              | 0.00              | -59.00  | 0.00                  | 59.00   | 59.00            |
| 02-19-13        | 07440          | Thomas att. Francis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 220.00 | 0.00              |                   | -150.00 | 0.00                  | 70.00   | 70.00            |
| 02-19-13        | 97110<br>97140 | Therapeutic Exercise                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 86.00  | 0.00              |                   | -16.00  | 0.00                  | 86.00   | 86.00            |
| 02-19-13        |                | Manual Therapy Techniques                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 75.00  | 0.00              |                   | -75.00  | 0.00                  | 75.00   | 75.00            |
|                 | 97035          | Ultrasound                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 59.00  | 0.00              |                   | -59.00  | 0.00                  | 59.00   | 59.00            |
| Total 02-25-13  | 07440          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 220.00 | 0.00              |                   | -150.00 | 0.00                  | 70.00   | 70.00            |
| 02-25-13        | 97110          | Therapeutic Exercise [ 2]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 172.00 | 0.00              |                   | 0.00    | 0.00                  | 172.00  | 172.00           |
|                 | 97140          | Manual Therapy Techniques                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 75.00  | 0.00              | 0.00              | 0.00    | 0.00                  | 75.00   | 75.00            |
| 02-25-13        | 97035          | Ultrasound                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 59.00  | 0.00              |                   | 0.00    | 0.00                  | 59.00   | 59.00            |
| Total           | T =            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 306.00 | 0.00              |                   |         | 0.00                  | 306.00  | 306.00           |
| 02-28-13        | 97110          | Therapeutic Exercise [ 2]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 172.00 | 0.00              |                   | 0.00    | 0.00                  | 172.00  | 172.00           |
| 02-28-13        | 97140          | Manual Therapy Techniques                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 75.00  | 0.00              | 0.00              | 0.00    | 0.00                  | 75.00   | 75.00            |
| 02-28-13        | 97035          | Ultrasound                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 59.00  | 0.00              | 0.00              | 0.00    | 0.00                  | 59.00   | 59.00            |
| Total           |                | agent to the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second sec | 306.00 | 0.00              |                   | 0.00    | 0.00                  | 306.00  | 306.00           |
| 03-07-13        | 97110          | Therapeutic Exercise                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 86.00  | 0.00              | 0.00              | 0.00    | 0.00                  | 86.00   | 86.00            |
| 03-07-13        | 97140          | Manual Therapy Techniques                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 75.00  | 0.00              | 0.00              | 0.00    | 0.00                  | 75.00   | 75.00            |
| 03-07-13        | 97035          | Ultrasound                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 59.00  | 0.00              | 0.00              | 0.00    | 0.00                  | 59.00   | 59.00            |
| Total           |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 220.00 | 0.00              | 0.00              | 0.00    | 0.00                  | 220.00  | 220.00           |
| 03-08-13        | 97110          | Therapeutic Exercise                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 86.00  | 0.00              | 0.00              | 0,00    | 0.00                  | 86.00   | 86.00            |
| 03-08-13        | 97140          | Manual Therapy Techniques                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 75.00  | 0.00              | 0.00              | 0.00    | 0.00                  | 75.00   | 75.00            |
| 03-08-13        | 97035          | Ultrasound                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 59.00  | 0.00              | 0.00              | 0.00    | 0.00                  | 59.00   | 59.00            |
| Total           |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 220.00 | 0.00              | 0,00              | 0.00    | 0.00                  | 220.00  | 220.00           |
| 03-12-13        | 97140          | Manual Therapy Techn [2]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 150.00 | 0.00              | 0.00              | 0.00    | 0.00                  | 150.00  | 150.00           |
| 03-12-13        | 97110          | Therapeutic Exercise                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 86.00  | 0.00              | 0.00              | 0.00    | 0.00                  | 86.00   | 86.00            |
| 03-12-13        | 97035          | Ultrasound                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 59.00  | 0.00              | 0.00              | 0.00    | 0.00                  | 59.00   | 59.00            |
| Total           |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 295.00 | 0,00              | 0.00              | 0.00    | 0.00                  | 295.00  | 295.00           |
| 03-14-13        | 97110          | Therapeutic Exercise [ 2]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 172.00 | 0.00              | 0.00              | 0.00    | 0.00                  | 172.00  | 172.00           |
| 03-14-13        | 97140          | Manual Therapy Techniques                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 75.00  | 0.00              | 0.00              | 0.00    | 0.00                  | 75.00   | 75.00            |
| 03-14-13        | 97035          | Ultrasound                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 59.00  | 0.00              | 0.00              | 0.00    | 0.00                  | 59.00   | 59.00            |
| Total           |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 306.00 | 0.00              | 0.00              | 0.00    | 0.00                  | 306.00  | 306.00           |
| 03-19-13        | 97110          | Therapeutic Exercise                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 86.00  | 0.00              | 0.00              | 0.00    | 0.00                  | 83.00   | 86.00            |
| 03-19-13        | 97140          | Manual Therapy Techniques                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 75.00  | 0.00              | 0.00              | 0.00    | 0.00                  | 75.00   | 75.00            |
| 03-19-13        | 97035          | Ultrasound                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 59.00  | 0.00              | 0.00              | 0.00    | 0.00                  | 59.00   | 59.00            |
| Total           |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 220.00 | 0.00              | 0.00              | 0.00    | 0.00                  | 220.00  | 220.00           |
| 03-22-13        | 97110          | Therapeutic Exercise [ 2]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 172.00 | 0.00              | 0.00              | 0.00    | 0.00                  | 172.00  | 172.00           |
| 03-22-13        | 97140          | Manual Therapy Techniques                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 75.00  | 0.00              | 0.00              | 0.00    | 0.00                  | 75.00   | 75.00            |

| DATE OF<br>SERVICE | СРТ           | DESCRIPTION               | .CHARGE | INSURANCE<br>PAID | PATIENT ::<br>::::PAID | # IADUÚST ## | INSURANCE<br>BALANCE | PATIÊNT<br>BALANGE | TOTAL<br>BALANGE |
|--------------------|---------------|---------------------------|---------|-------------------|------------------------|--------------|----------------------|--------------------|------------------|
| 03-22-13           | 97035         | Ultrasound                | 59.00   | 0.00              | 0.00                   | 0.00         | 0.00                 | 59.00              | 59.00            |
| Total              |               | <del></del>               | 306,00  | 0.00              | 0,00                   | 0.00         | 0.00                 | 306.00             | 306.00           |
| 03-29-13           | 97110         | Therapeutic Exercise [ 3] | 258.00  | 0.00              | 0.00                   | 0.00         | 0.00                 | 258.00             | 258.00           |
| 03-29-13           | 97035         | Ultrasound                | 59.00   | 0.00              | 0.00                   | 0.00         | 0.00                 | 59.00              | 59.00            |
| Total              | <del>la</del> | 1                         | 317.00  | 0.00              | 0.00                   | 0.00         | 0.00                 | 317.00             | 317.00           |
| 04-22-13           | 97110         | Therapeutic Exercise [ 2] | 172.00  | 0.00              | 0.00                   | 0.00         | 0.00                 | 172.00             | 172.00           |
| 04-22-13           | 97140         | Manual Therapy Techniques | 75.00   | 0.00              | 0.00                   | 0.00         | 0.00                 | 75.00              | 75.00            |
| 04-22-13           | 97035         | Ultrasound                | 59.00   | 0.00              | 0.00                   | 0.00         | 0.00                 | 59.00              | 59.00            |
| Total              | <u> </u>      | <del></del>               | 306.00  | 0.00              | 0.00                   | 0.00         | 0.00                 | 306.00             | 306.00           |
| 07-23-13           | 97003         | Occupational Therapy Eval | 187.00  | 0.00              | 0.00                   | -117.00      | 0.00                 | 187.00             | 187.00           |
| 07-23-13           | 97140         | Manual Therapy Techniques | 75.00   | 0.00              | 0.00                   | -75.00       | 0.00                 | 75.00              | 75.00            |
| 07-23-13           | 97035         | Ultrasound                | 59.00   | 0.00              | 0.00                   | -59.00       | 0.00                 | 59.00              | 59.00            |
| Total              |               |                           | 321.00  | 0.00              | 0.00                   | -251.00      | 0.00                 | 70.00              | 70.00            |
| 07-29-13           | 97140         | Manual Therapy Techn [2]  | 150.00  | 0.00              | 0.00                   | -80.00       | 0.00                 | 150.00             | 150.00           |
| 07-29-13           | 97110         | Therapeutic Exercise      | 86.00   | 0.00              | 0.00                   | -86.00       | 0.00                 | 86.00              | 86.00            |
| 07-29-13           | 97035         | Ultrasound                | 59.00   | 0.00              | 0.00                   | -59.00       | 0.00                 | 59.00              | 59.00            |
| Total              |               |                           | 295.00  | 0.00              | 0.00                   | -225.00      | 0.00                 | 70.00              | 70.00            |
| 08-01-13           | 97035         | Ultrasound                | 59.00   | 0.00              | 0.00                   | -59.00       | 0.00                 | 59.00              | 59.00            |
| 08-01-13           | 97140         | Manual Therapy Techniques | 75.00   | 0.00              | 0.00                   | -75.00       | 0.00                 | 75.00              | 75.00            |
| 08-01-13           | 97110         | Therapeutic Exercise      | 86.00   | 0.00              | 0.00                   | -16.00       | 0.00                 | 86.00              | 86.00            |
| Total              |               |                           | 220.00  | 0.00              | 0,00                   | -150.00      | 0.00                 | 70.00              | 70.00            |
| 08-05-13           | 97140         | Manual Therapy Techn [ 2] | 150.00  | 0.00              | 0.00                   | -80.00       | 0.00                 | 150.00             | 150.00           |
| 08-05-13           | 97110         | Therapeutic Exercise      | 86.00   | 0.00              | 0.00                   | -86.00       | 0.00                 | 86.00              | 86,00            |
| 08-05-13           | 97035         | Ultrasound                | 59.00   | 0.00              | 0.00                   | -59.00       | 0.00                 | 59.00              | 59.00            |
| Total              | 1             |                           | 295.00  | 0.00              | 0.00                   | 1            | 0.00                 | 70.00              | 70.00            |
| 08-09-13           | 97110         | Therapeutic Exercise [ 2] | 172.00  | 0.00              | 0.00                   | -102.00      | 0.00                 | 172.00             | 172.00           |
| 08-09-13           | 97140         | Manual Therapy Techniques | 75.00   | 0.00              | 0.00                   | -75.00       | 0.00                 | 75.00              | 75.00            |
| 08-09-13           | 97035         | Ultrasound                | 59.00   | 0.00              | 0.00                   | -59.00       | 0.00                 | 59.00              | 59.00            |
| Total              |               |                           | 306.00  | 0.00              | 0.00                   | -236.00      | 0.00                 | 70.00              | 70,00            |
| 08-16-13           |               | Manual Therapy Techn [ 2] | 150.00  | 0.00              | 0.00                   |              | 0.00                 | 150.00             | 150.00           |
| 08-16-13           | 97110         | Therapeutic Exercise      | 86.00   | 0.00              | 0.00                   | -86,00       | 0.00                 |                    | 86.00            |
| 08-16-13           | 97035         | Ultrasound                | 59.00   | 0.00              | 0.00                   | -59.00       | 0.00                 |                    | 39.00            |
| Total              |               |                           | 295.00  |                   |                        | -225.00      | 0.00                 | 70.00              | 70.00            |
| 08-19-13           | 97110         | Therapeutic Exercise      | 86.00   |                   | 0.00                   |              | 0,00                 |                    | 86.00            |
| 08-19-13           | 97140         | Manual Therapy Techniques | 75.00   |                   |                        |              | 0.00                 | 1                  | 75.00            |
| 08-19-13           | 97035         | Ultrasound                | 59.00   |                   |                        |              |                      | ļ                  | 59.00            |
|                    | Total         |                           | 220.00  |                   |                        |              |                      |                    | 70.00            |
| 08-22-13           | 97110         | Therapeutic Exercise [ 3] | 258.00  | 0.00              | 0.00                   | -188.00      | 0.00                 | 258.00             | 258.00           |

| DATE OF<br>SERVICE | CPT   | DESCRIPTION               | CHARGE    | INSURANCE<br>PAID | PATIENT<br>PAID Se | ADJUST    |      | PATIÊNT<br>BALANCE | TOTAL<br>BALANCE |
|--------------------|-------|---------------------------|-----------|-------------------|--------------------|-----------|------|--------------------|------------------|
| 08-22-13           | 97140 | Manual Therapy Techniques | 75.00     | 0.00              | 0.00               | -75.00    | 0.00 | 75.00              | 75.00            |
| Total              |       |                           | 333.00    | 0.00              | 0.00               | -263.00   | 0.00 | 70.00              | 70.00            |
| 10-02-13           | L3808 | WHFO, Rigid w/o joints    | 445.00    | 0.00              | 0.00               | -375.00   | 0.00 | 445.00             | 445.00           |
| Total              |       |                           | 445.00    | 0.00              | 0.00               | -375.00   | 0.00 | 70.00              | 70.00            |
|                    |       | Grand total               | 30,190,00 | <b>学、深入于实验</b>    |                    | -4,102,00 |      |                    | 24;604.0<br>0    |

#### PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

Return to: Dynamic Hand Therapy - Fox Lake 498 South Route 12 Suite C Fox Lake, IL 600201908 Questions? Call: (847) 587-3301

| For Credit to Account# | ± 0042000185                                                                                                                                           |
|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| RE Patient:            | Paul Dulberg                                                                                                                                           |
|                        | Please Indicate Amount Enclosed .                                                                                                                      |
| We also Accept: visa M | astercard Discover                                                                                                                                     |
| Card #                 | Security Code:                                                                                                                                         |
|                        | Signature                                                                                                                                              |
| Di<br>If<br>- :        | e Remember o not send Cash. you are sending a Check Sign and Date it. Write your Acct# (0042000185) on the Check.  to: Dynamic Hand Therapy - Fox Lake |
| widke Checks Payable   | то: Бупапііс напо тлегару - Рох саке                                                                                                                   |
| REMARKS:               |                                                                                                                                                        |



THOMAS J. POPOVICH

HANS A. MAST

JOHN A. KORNAK

# The Law Offices of Thomas J. Popovich P.C.

3416 W. ELM STREET

McHenry, Illinois 60050

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FACSIMILE: 815.344.5280

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MARK J. VOGG ROBERT J. LUMBER

November 21, 2014

VIA FACSIMILE: 877/715-9317

Perry Accardo Law Office of Steven A. Lihosit 200 N. LaSalle Street, Suite 2550 Chicago, IL 60601-1092 (312) 558-9821

Paul Dulberg vs. David Gagnon, Caroline McGuire and Bill McGuire McHenry County Case: 12 LA 178

Dear Mr. Accardo:

Please find enclosed the court order entered in the above-reference matter by Judge Meyer.

Very/thuly yours,

smq Enclosure

### Dynamic Hand Therapy and Rehab 498 South Route 12, Suite C Fox Lake, IL 60020 Ph: 847-587-3301 Fx: 847-587-3346

dear add B.Us

815-344-5280

Facsimile transmittal

| To: Harro Mast    | Company:                    |
|-------------------|-----------------------------|
| From: Callen      | Date: //- 3-14              |
| Re: Paul Dulberg  | Pages: /S                   |
| CC;               |                             |
| Urgent For Review | Please Comment Please Reply |
|                   |                             |
|                   |                             |
|                   |                             |
|                   |                             |
|                   |                             |

The information contained in this facsimile message is privileged and confidential and exempt from disclosure under applicable law and intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any disclosure, dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us by phone immediately, and return the original message to us at the address above via the United States Postal Service. Thank You.

#### FISHER COURT REPORTING

922 North Lyford Road Rockford, IL 61107

November 22, 2013

Law Office of Thomas Popovich 3415 West Elm Street McHenry, IL 60050

Re: Dulberg vs. Gagnon, et al.

Dear Sir:

Enclosed please find Exhibits 1 through 3 which were marked during the course of Paul Dulberg's deposition. The exhibits should have been attached to the transcript when it was sent to your office but were inadvertently left behind. My apologies for any inconvenience this has caused.

Sincerely,

Deb Fisher

Del Fisher

**Enclosures** 

## IN THE CIRCUIT COURT FOR THE TWENTY-SECOND JUDICIAL CIRCUIT MCHENRY COUNTY, ILLINOIS

| PAUL DULBERG,                                                                                                                      | )             |     |           |
|------------------------------------------------------------------------------------------------------------------------------------|---------------|-----|-----------|
| Plaintiff,                                                                                                                         | )             |     |           |
| VS.                                                                                                                                | )             | No. | 12 LA 178 |
| DAVID GAGNON, Individually, and as Agent of CAROLINE McGUIRE and BILL McGUIRE and CAROLINE McGUIRE and BILL McGUIRE, Individually, | )<br>[,)<br>) |     |           |
| Defendants.                                                                                                                        | )             |     |           |

#### PLAINTIFF'S ANSWERS TO INTERROGATORIES

1. State the full name, present residence address, birthdate, birthplace and Social Security number of the person answering these Interrogatories; and state PAUL DULBERG's full name, present residence address, birthdate, birthplace and Social Security number.

ANSWER:

Paul Dulberg

4606 Hayden Ct.

McHenry

DOB: 3-19-70

SS: 323-76-4001

Born: Elk Grove Village

2. State your marital status on the date of the occurrence in question and, if married, your spouse's name and age on said date.

ANSWER: Single

- 3. State the full name and present or last known address (indicating which) of each person who:
  - (a) Witnessed or claims to have witnessed the occurrence in question.
  - (b) Was present or claims to have been present at the scene immediately before said occurrence.
  - (c) Was present or claims to have been present immediately after said occurrence.
  - (d) Otherwise has or claims to have any knowledge of the facts or possible causes of the occurrence to include any damages or injuries alleged to have resulted from said occurrence.

ANSWER: Plaintiff and Defendant Gagnon. McGuires were on the premises.



4. State specifically and with certainty the personal injuries and property damage, if any, sustained to PAUL DULBERG as a result of said occurrence.

ANSWER: Objection, requires medical narrative. Without waiving, Plaintiff suffered deep laceration of right arm with nerve involvement. Investigation continues.

- 5. With regard to said injuries, state:
  - (a) The name and address of each treating and/or consulting practitioner.
  - (b) The name and address of each hospital or clinic where PAUL DULBERG was treated and the date or inclusive dates on which each hospital or clinic rendered PAUL DULBERG service.
  - (c) The amount to date of their respective bills for services.
  - (d) Those from whom you have written reports. (Pursuant to Supreme Court Rule 214, please attach a legible copy of said report to the answers hereto.)

ANSWER: See attached Medical Expense Report. Additional bills and records to be obtained from Drs. Marcus Talerico (Mid America Hand to Shoulder) and Karen Levin/Mitchell Grobman (Associated Neurology), Biofora/Sagerman (Hand Surgery Associates) and Fox Lake Dynamic Hand Therapy.

- 6. As a result of said personal injuries to PAUL DULBERG, are you claiming any loss of income including, but not limited to, wages or salaries? If so, state:
  - (a) The name and address of your employer at the time of the occurrence.
  - (b) The dates or inclusive dates on which you were unable to work and the amount of income loss claimed.

ANSWER: AMS Screw Products, High View, Spring Grove, Illinois.

Supervisor: Joe Groves

Approx. \$10 per hours. 40 hours a week.

Was hired but could not pursue employment due to accident.

Investigation continues.

7. State the name and address of each witness or defendant from whom you have obtained statements, indicating whether such statements are written or oral, who has possession of such statements, and pursuant to Supreme Court Rule 214, attach legible copies of any written statements hereto.

ANSWER: Gagnon gave a statement to Plaintiff's counsel and it will be transcribed and produced.

8. State the name and address of PAUL DULBERG's family practice physician.

ANSWER: Dr. Sek, 4601 W. Rt. 120, McHenry

9. State whether PAUL DULBERG was hospitalized or had suffered any illness or personal injury prior to or subsequent to the date of said occurrence, and if so, state the nature and date of each such hospitalization, illness or personal injury.

ANSWER: Prior: Last 20 years. Involved in auto accident in 2002, I suffered neck injury and left arm. Treated with Northern Illinois Medical Center and left arm surgery with Dr. Sagerman and Grobman (Libertyville).

Since: no

10. State whether PAUL DULBERG suffered any permanent scarring as a result of the accident alleged in the complaint. If so, state the location of such scar, the width and length of such scar or scars. (Pursuant to Supreme Court Rule 214, please attach any photos of any such scar to your answers hereto.)

ANSWER: Yes, On right arm. Investigation continues.

11. State whether prior to the accident alleged in the complaint PAUL DULBERG suffered any physical disability or impairment of any kind whatsoever. If so, state the nature of such physical disability or impairment and how PAUL DULBERG came to have such physical disability or impairment.

ANSWER: Yes, as it concerns my above auto accident. The degree of any disability is to be determined by my physician.

12. State the location of the alleged occurrence, pinpointing such location in feet, inches and direction from fixed objects or boundaries at the scene of the occurrence.

ANSWER: Behind the garage of the Defendant's home - as alleged.

13. State with particularity the nature of the alleged defect, object substance or condition which caused the alleged occurrence giving the exact dimensions and physical description of such including the size, shape, color, height, length and depth of such defect or object.

ANSWER: Objection, irrelevant - improperly worded. Defect is Gagnon's conduct. See Complaint.

14. State with particularity what PAUL DULBERG was doing at the time of the accident alleged in the complaint.

ANSWER: Holding a branch at the request of Mr. Gagnon.

15. State with particularity your basis for alleging that on or about June 28, 2011, David Gagnon living and/or staying at the premises known commonly as 1016 W. Elder Avenue, City of McHenry, County of McHenry, Illinois.

ANSWER: He was at his mother's residence.

16. State with particularity all the reasons why PAUL DULBERG was present on the premises known commonly as 1016 W. Elder Avenue, City of McHenry, County of McHenry, Illinois on the date of the alleged occurrence.

ANSWER: Dave invited me.

17. State with particularity your basis for alleging that David Gagnon was contracted and/or hired by Defendants Bill McGuire and Carolyn McGuire to cut down, trim and/or maintain the trees and brush at their premises. as further alleged in Plaintiffs Complaint.

ANSWER: Dave told me.

18. State with particularity your basis for alleging that David Gagnon was working under the supervision and control of Defendants Bill McGuire and Carolyn McGuire at the time of the occurrence alleged in Plaintiffs Complaint.

ANSWER: He was working at their property under their control.

19. State with particularity your basis for alleging that Defendants Bill McGuire and Carolyn McGuire instructed and/or advised David Gagnon in the use of a chain saw on or before the date of the occurrence alleged in Plaintiffs Complaint.

ANSWER: It was the McGuires chain saw.

State with particularity any and all defects associated with the chain saw you believe or claim was involved in the occurrence alleged in Plaintiffs Complaint.

ANSWER: Unknown

21. State whether you have any information indicating or otherwise suggesting that Defendants Bill McGuire and/or Carolyn McGuire knew or should have known that PAUL DULBERG was about to assist or was assisting David Gagnon with tree cutting and/or trimming on the date and in the location of the occurrence alleged in Plaintiff's Complaint. If your answer is in the affirmative, further state with particularity the bases for your contention that Defendants Bill McGuire and/or Carolyn McGuire knew or should have known that PAUL DULBERG was about to assist and/or was assisting David Gagnon with tree cutting and/or trimming on the date and in the location of the occurrence alleged in Plaintiff's Complaint.

ANSWER: The McGuires saw me with Mr. Gagnon.

22. State whether any photographs or videos were taken of the scene of the occurrence or of the persons, objects or premises involved, and if so, state the number of photographs or videos taken, their subject matter and who now has custody of them.

ANSWER: Not on the date in question, but I will be produced photos of my injury.

- 23. Pursuant to Supreme Court Rule 213(f), furnish the identity and addresses of witnesses who will testify at trial and the following information:
  - (a) For each lay witness, identify the subjects on which the witness will testify.
  - (b) For each independent expert witness, identify the subjects on which the witness will testify and the opinions the party expects to elicit.
  - (c) For each controlled expert witness, identify:
    - (i) the subject matter on which the witness will testify;
    - (ii) the conclusions and opinions of the witness and the bases therefor;
    - (iii) the qualifications of the witness; and
    - (iv) any reports prepared by the witness about the case.

### ANSWER: PLAINTIFF'S RESPONSE TO 213 INTERROGATORIES

Plaintiff will testify to all matters concerning the circumstances of the accident and injury including, but not limited to, all matters set forth in any discovery responses, affidavit, statements and/or deposition testimony, and to those matters and opinions naturally flowing from their personal knowledge and involvement in this matter, and will testify to matters including, but not limited to the following: date, time and location of accident, observations at the accident scene, weather, defendant's negligence in X; continuing medical care to date; medical expense as set forth in updated Medical Expense Reports; payment of bills; lack of prior related symptoms, treatment; need for past and future treatment including, if applicable; pain and suffering and disability; lost time at work, including rate of pay, time lost, income and benefits lost; ongoing treatment during pending case including recent exam by treating physician(s); all other foundational requirements for admitting photos and medical bills into evidence.

Barabara Dulhberg, s/a/a to testify to the pain and disability experienced by the Plaintiff due to injuries suffered in the accident and the lack of prior symptoms or disability, inability to work, hours and wage history and loss of income from work as a result.

Defendants, each of them, will be called as an adverse witness pursuant to Section 2-1102 of the Illinois Code of Civil Procedure, to testify to matters involving the accident.

All witnesses identified by Defendant and/or deposed, on matters so identified or testified to.

Court Reporters present during evidence and/or discovery depositions of those parties and witnesses now or in the future deposed in this or any similar cause to testify to the accuracy of the transcripts and testimony stated therein by each witness including exhibits marked and testified to during the deposition.

All other independent witnesses disclosed by answer to previous interrogatory will testify to those matters and opinions naturally flowing from their personal knowledge and involvement in this matter and those matters specifically disclosed and or to be disclosed in the future.

Drs. Marcus Talerico (Mid America Hand to Shoulder) and Karen Levin/Mitchell Grobman (Associated Neurology), Biofora/Sagerman (Hand Surgery Associates), are intended to be called as opinion witness(es) to testify to the care and treatment of the Plaintiff to the extent allowed under Rule 213 and to all matters expressly and/or impliedly set forth in the patient's chart including matters flowing therefrom, including, but not limited to, history, exam, diagnostics/findings, exam/findings, diagnosis, treatment, physical therapy, medication, follow-up and continuing treatment through to trial; the nature and extent of injuries sustained by Plaintiff as set forth above and in deposition including injuries, and that such injuries were caused/aggravated by the underlying trauma; that the treatment for such injuries was/is reasonable and medically necessary and causally related to underlying accident, and any other opinions or matters set forth or described in the patients medical file or hospital chart, in addition to any matters and/or opinions naturally flowing from the witnesses work or personal knowledge and involvement in this matter, in addition to testimony and opinions on the following issues:

- Plaintiff suffered and is diagnosed as having the above injuries, not limited to: traumatic injury to right arm including numbness, neuropathy, scarring, and branch nerve involvemnt;
- Plaintiff's injury is consistent with mechanism of injury/history;
- Plaintiff's injury was caused/aggravated by the underlying accident based upon history and findings and experience;
- Plaintiff's injury is confirmed through exam and diagnostics;
- Plaintiff will require ongoing and continual treatment for the injury(s);
- Plaintiff's conservative treatment did not resolve symptoms, requiring surgery and chronic pain;
- Plaintiff's symptoms and disability are permanent;
- Review and interpretation of all diagnostics;
- Plaintiff may require surgery to correct the condition(s);
- Plaintiff's surgery and costs is medically necessitated and causally related to the accident:
- Plaintiff's symptoms are disabling from activities;
- Plaintiff's injury is pain producing;
- Plaintiff's injury limits and will limit in the future Plaintiff's activity at home and at work;
- Plaintiff's injury disabled him/her from work for a period of time causing a loss in income;
- The charges or expense for the medical treatment received from each and every treater or facility referenced by Plaintiff in deposition or by Medical Expense Report was/is customary, reasonable, and medically necessary and due to the auto

accident based upon his/her expertise and experience and knowledge of the billing/charges for the same or similar treatment;

- Plaintiff is susceptible to re-injury in the future due to injury sustained in case, requiring future care and treatment, surgery and expense;
- Plaintiff will require future medical treatment and care and expense due to injury, estimate of \$10,000 annually;
- That Doctors' practice involves treating patients with similar injuries under similar settings and causes;
- The witnesses report(s) are contained in medical records produced in discovery;
- This witnesses opinions are based upon the witnesses expertise, experience, education, treatment of same and similar injuries, review of history, records of all treating physicians and care providers, films/reports, and exam all which is customary for the witness to rely upon in his/her practice.
- Foundational matters for purposes of admission of medical records into evidence;
- The testimony is also based upon a recent exam conducted before arbitration and/or trial.

Plaintiff expressly reserves the right to withdraw and/or not to call any 213 witnesses heretofore disclosed (or fewer than those disclosed) depending on counsel's legal determination at the time of trial and his judgment on the necessity of such testimony given the issues and evidence to be presented at the time of trial.

The accounts/financial services/billing representatives (any or each of them) from each of the facilities whereat the Plaintiff treated, as set forth in his discovery and deposition and Medical Expense Report(s) produced in discovery, including { } will each and themselves testify that based upon their experience and customs and practices and the practices of their internal office and those on their behalf, in their opinion the charges pertaining to Plaintiff's medical treatment in this case, as outlined in the Medical Expense Report, are reasonable and customary in the industry within the area. No one individual has been identified by the facility to testify, but if the defense wants to depose a specific individual before the evidence deposition of the representative is taken, Plaintiff will then designate a person for this purpose, otherwise the evidence deposition notice may simply designate the "representative with knowledge of the customary charges for such treatment" at each facility.

The records keepers from each of the facilities whereat the Plaintiff treated, as set forth in his/her discovery responses and deposition and Medical Expense Report provided throughout the course of this case, will each themselves testify to all foundational matters and requirements for admission of such records into evidence, including testimony as to the custody of the records kept in the ordinary course of business, and history provided by the patient and reliance upon such in the treatment or care of the plaintiff.

Plaintiff reserves the right to update these disclosures in the future in accordance with the order of the court, to add or delete witnesses as may be appropriate and in accordance with the court's order and reserves the right not to call a witness above as may be

appropriate at trial.

HANS A. MAST, Attorney for Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH

3416 West Elm Street McHenry, IL 60050 815-344-3797 Attorney Registration No. 06203684

# Verification by Certification

Under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that he verily believes the same to be true.

PAUL DULBERO

DATE: \_\_

# MEDICAL EXPENSE REPORT PAUL DULBERG

DATE OF ACCIDENT: JUNE 28, 2011

DATE OF REPORT: MARCH 19, 2012

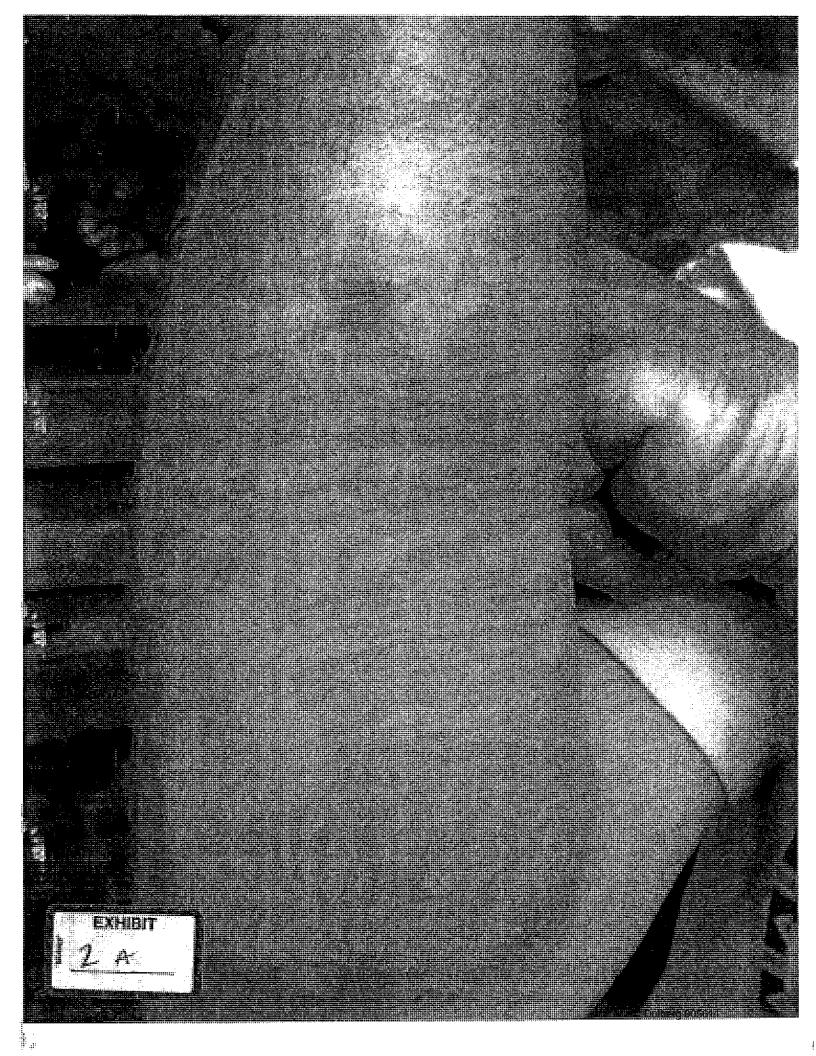
# MEDICAL EXPENSES

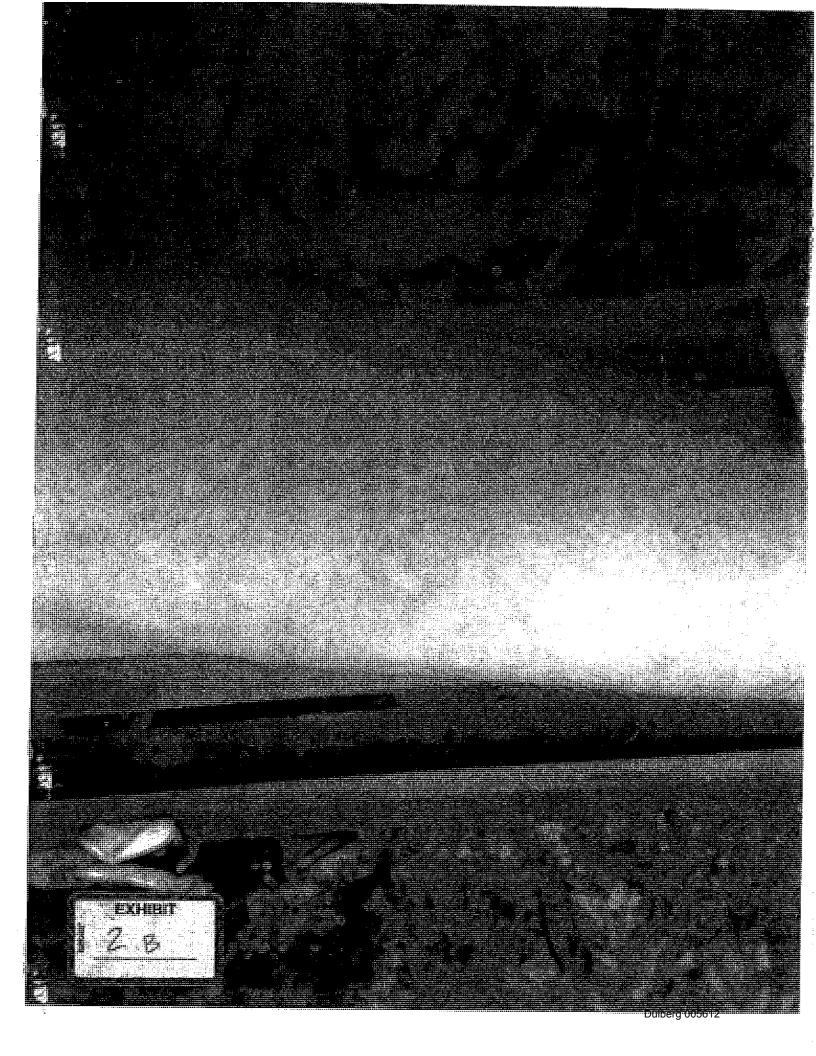
# Paul Dulberg

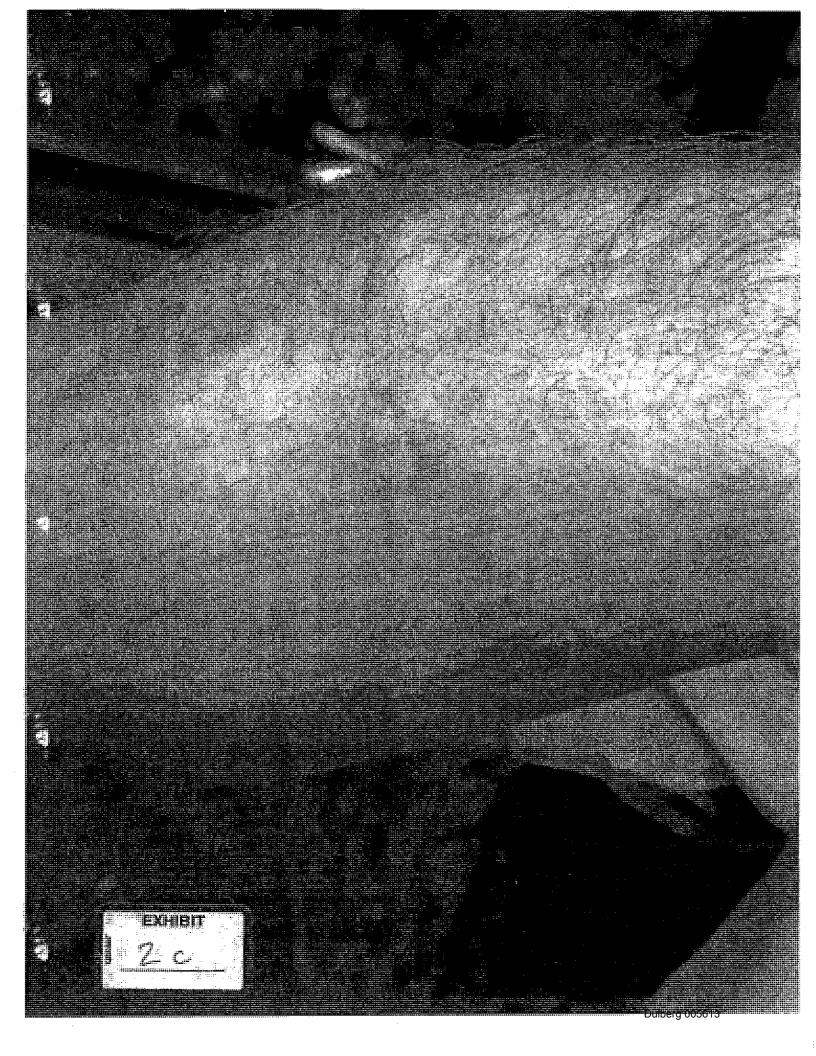
Date of Accident: June 28, 2011 Date of Report: March 19, 2012

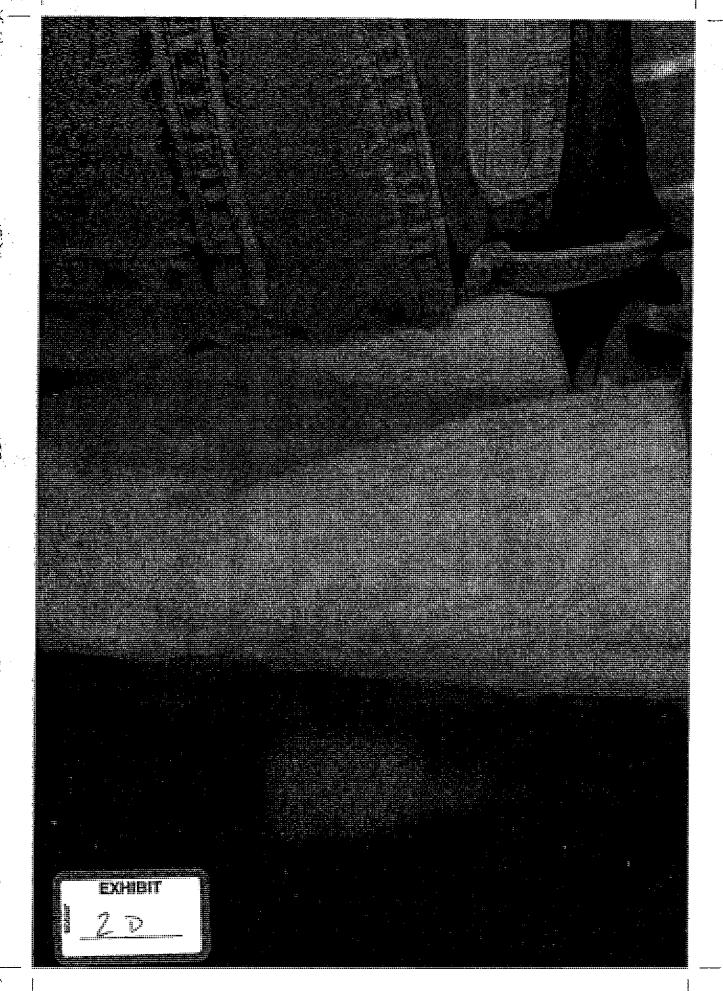
| Northern Illinois Medical Center        |
|-----------------------------------------|
| 4201 Medical Center Drive               |
| McHenry, IL 60050-8409                  |
| 815-344-5000 - Acct, 11179-00323        |
| 06/28/11                                |
| Moraine Emergency Physicians            |
| PO Box 8759                             |
| Philadelphia, PA 19101-8759             |
| 800-355-2470 - Acet. MNI711179003233    |
| 06/28/11                                |
| McHenry Radiologists Imaging Associates |
| PO Box 220                              |
| McHenry, IL 60051-0220                  |
| 815-759-0800 - Acct. 235130-QMRIG       |
| 06/28/11\$50.00\$50.00                  |
| Associated Neurology SC                 |
| Attn: Dr. Levin                         |
| 1900 Hollister Drive                    |
| Suite 250                               |
| Libertyville, IL 60048                  |
| 847-549-0055 - Chart # 18062            |
| 07/28/11                                |
| Total                                   |
| Αθων - (                                |
| Open Advanced MRI of Round Lake         |
| Medchex                                 |
| PO Box 502                              |
| Katohah, NY 10536                       |
| 866-959-1100 - Acct, 265065             |
| 02/03/12                                |
| Walgreens                               |
| 3925 W. Elm Street                      |

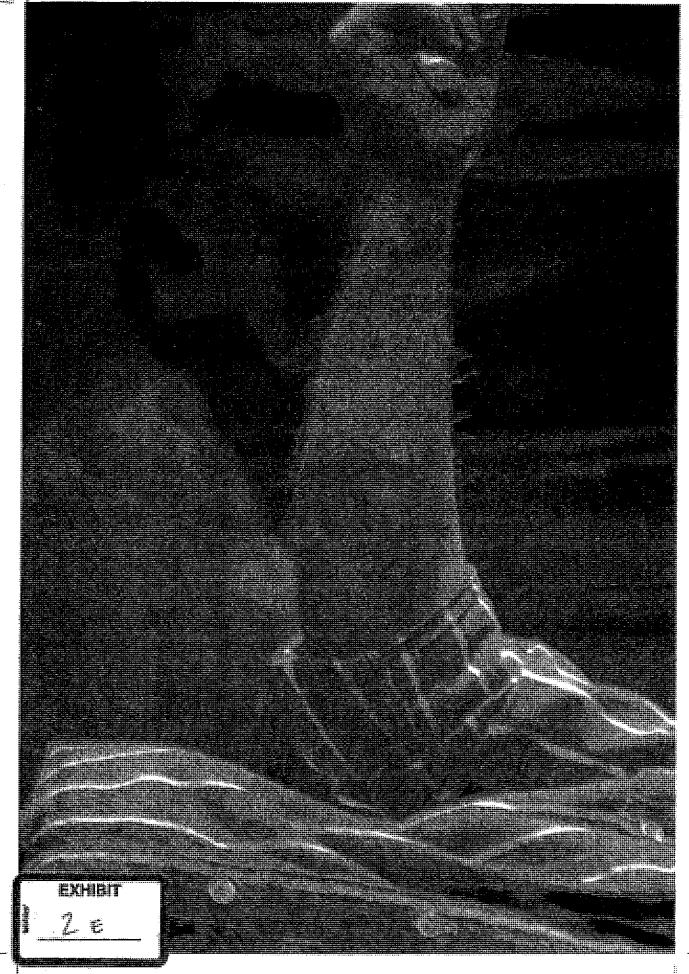
| McHenry, IL 60050<br>815-363-0722<br>06/28/11 |  |
|-----------------------------------------------|--|
| TOTAL EXPENSES:                               |  |
| Misc Expenses  Medical Supplies               |  |
| TOTAL ALL EXPENSES                            |  |



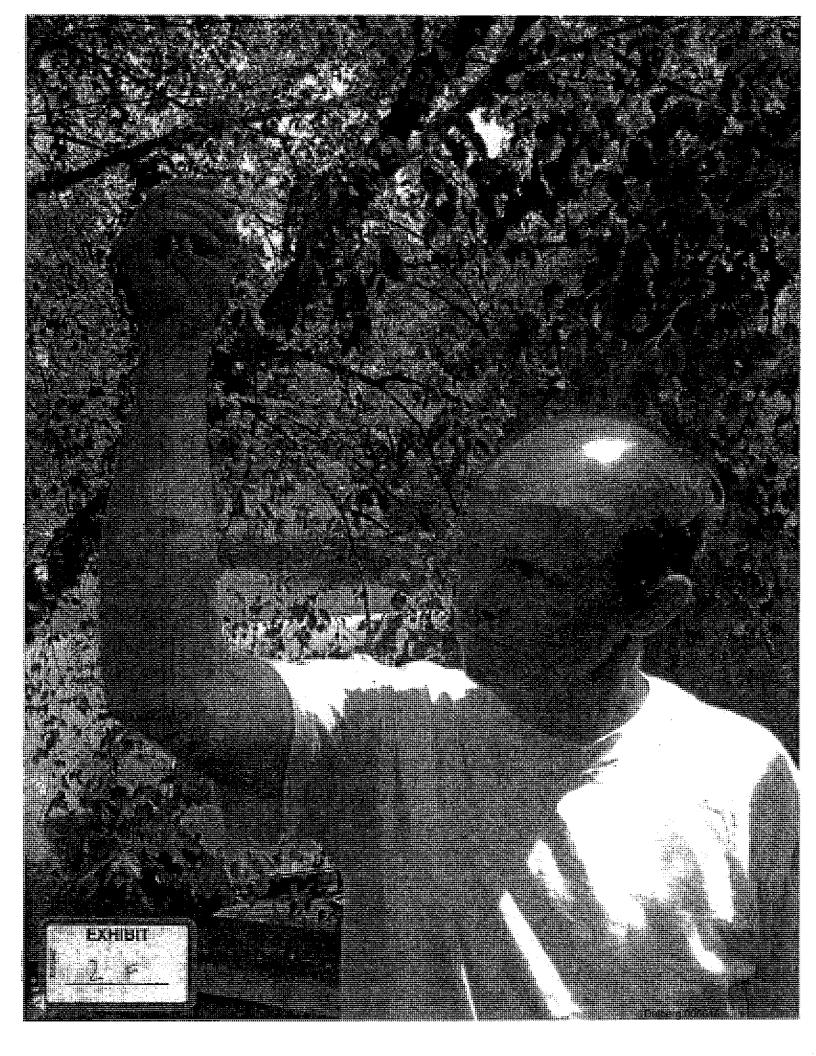


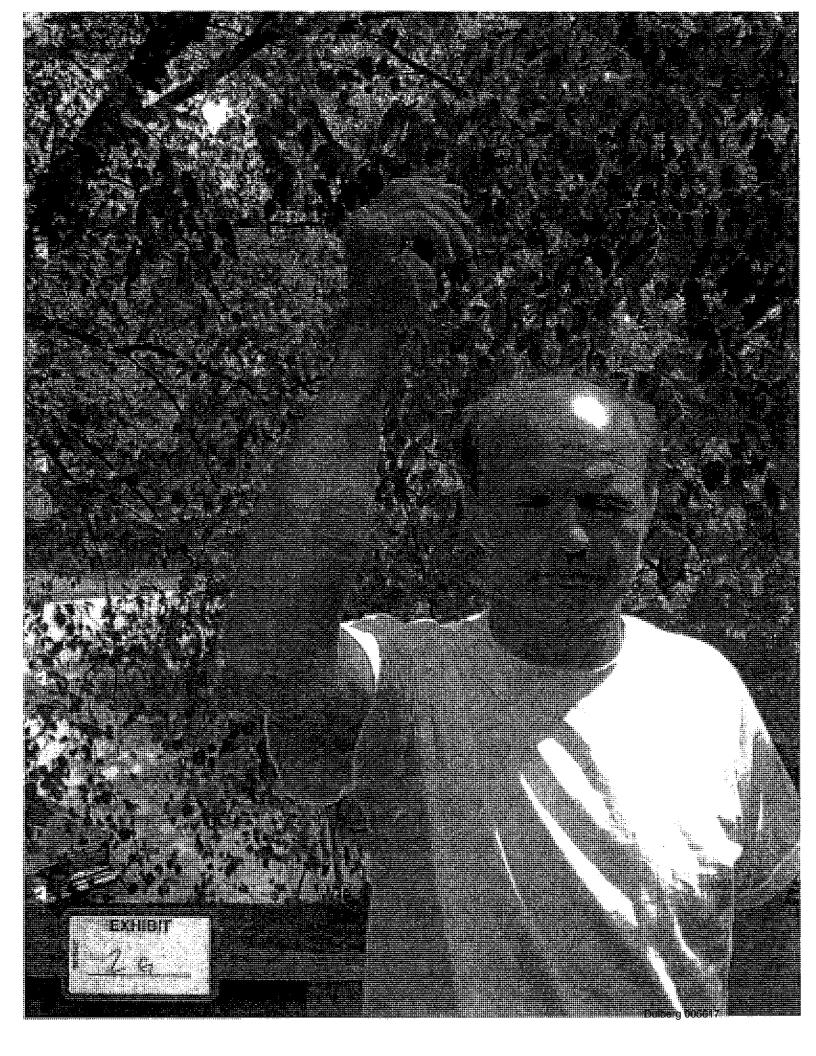


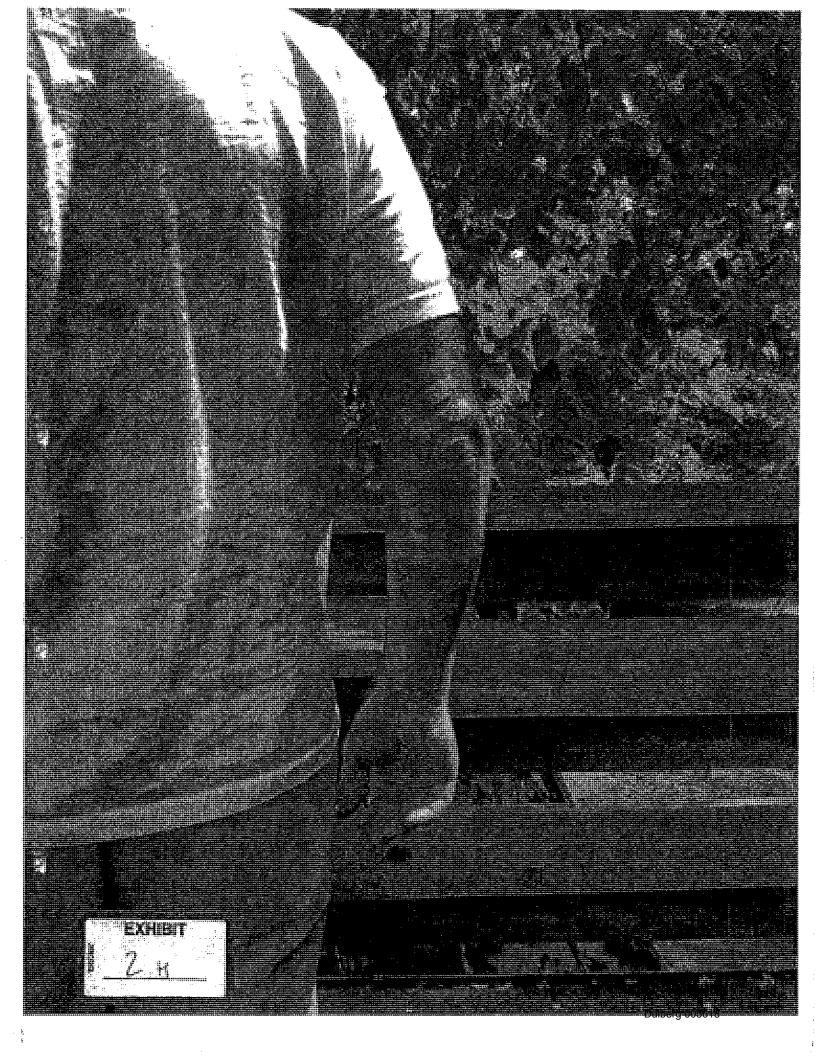


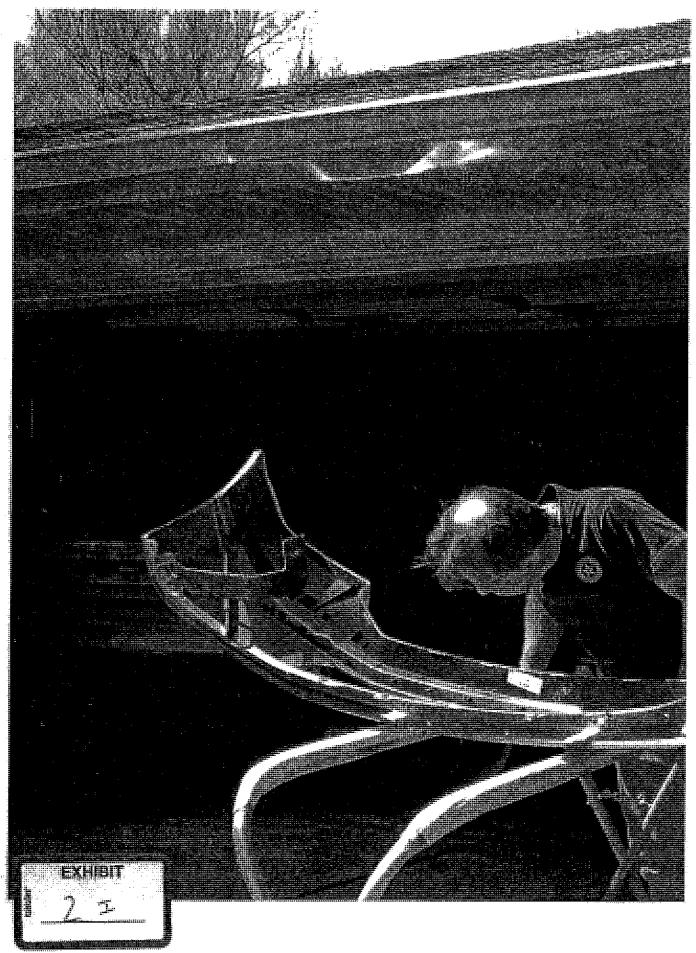


Dulberg 005615









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# MEDICAL EXPENSES

# Paul Dulberg

Date of Accident: June 28, 2011 Date of Report: March 19, 2012

| Northern Illinois Medical Center 4201 Medical Center Drive McHenry, IL 60050-8409 815-344-5000 - Acet. 11179-00323 06/28/11 |
|-----------------------------------------------------------------------------------------------------------------------------|
| Moraine Emergency Physicians                                                                                                |
| PO Box 8759<br>Philadelphia, PA 19101-8759                                                                                  |
| 800-355-2470 - Acet. MNI711179003233                                                                                        |
| 06/28/11\$1,346.00                                                                                                          |
| McHenry Radiologists Imaging Associates PO Box 220                                                                          |
| McHenry, IL 60051-0220                                                                                                      |
| 815-759-0800 - Acct. 235130-QMRIG                                                                                           |
| 06/28/11 \$50.00 \$50.00                                                                                                    |
| Associated Neurology SC                                                                                                     |
| Attn: Dr. Levin                                                                                                             |
| 1900 Hollister Drive                                                                                                        |
| Suite 250                                                                                                                   |
| Libertyville, IL 60048                                                                                                      |
| 847-549-0055 - Chart # 18062                                                                                                |
| 07/28/11                                                                                                                    |
| 08/10/11930.00                                                                                                              |
| Total                                                                                                                       |
| Open Advanced MRI of Round Lake                                                                                             |
| Medchex                                                                                                                     |
| PO Box 502                                                                                                                  |
| Katohah, NY 10536                                                                                                           |
| 866-959-1100 - Acet. 265065                                                                                                 |
| 02/03/12\$3,390.00\$3,390.00                                                                                                |
| Walgreens                                                                                                                   |
| waigiteens                                                                                                                  |

3925 W. Elm Street

EXHIBIT 3

| 815-30 |                                                  | \$48.68                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    |
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| Misc   | Expenses  Medical Supplies  Total Misc. Expenses | \$19.61                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ., \$19.61         |
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Hand Surgery Associates, SC Dr. Sagerman/Dr. Biafora

HAND SURGERY ASSOCIATES SC 37400 EAGLE WAY CHICAGO, IL 60678-1374

ADDRESS SERVICE REQUESTED

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**Due Date** 

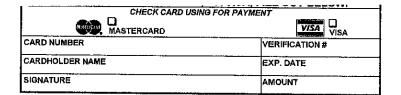
08/25/12

>08458 5116456 001 045046 PAUL DULBERG 4606 HAYDEN MCHENRY, IL 60050

Statement Date

08/10/12

Page



Account #

80330

Office Phone Number

(847) 956-0099

HAND SURGERY ASSOCIATES SC 37400 EAGLE WAY CHICAGO IL 60678-1374 Ellelberhebellslandaldsladdaldalledladal

Show Amount

Paid Here \$

Patient Balance

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| ress or insurance changes | STATEME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NT                                      | RETU                                                      | RN THIS PORTIO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | WITH PAYMEN |
| ICPT & Reason             | Explanation of Activity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Charges &                               | Insurance                                                 | Payments &                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Patient     |
| Paul Dulberg              | - I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Dentis                                  | rending                                                   | Credits                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Amount      |
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| : Sagerman, Sc            | ott D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                         |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |
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| RECEIPT 124               | Self Pay Credit Card Pa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ***                                     |                                                           | -20.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |
| RECEIPT 126               | Self Pay Credit Card Pa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                         |                                                           | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |
| <b>1</b>                  | Visit Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | •                                       |                                                           | 2000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | -40.00      |
| <u> </u>                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |
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| 99212                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 90.00                                   |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |
|                           | Visit Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                         |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 90.00       |
| P41400                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |
|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |
| 33414                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 171.00                                  |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | :           |
|                           | Visit Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                         |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 171.00      |
| 887630                    | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ·                                       |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |
|                           | Watter Common the Man Till                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                         |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |
|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         | !                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |
|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3353.00                                 |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |
|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 6671.00     |
| Biafora, Sam              | J                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | · · · · · · · · · · · · · · · · · · ·   |                                                           | ļ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |
| 818900                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |
| 99213                     | Office Outpt Est15 Min                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1.16 - 0.0                              |                                                           | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |
|                           | Visit Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 220.00                                  |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 116.00      |
|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 110.00      |
|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |
| 64718                     | Neurp&/Trpos Ur Nrv Elb                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 829.00                                  |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |
| 64708                     | Neurp Major Prph Nrv Ar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 838.00                                  |                                                           | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | •           |
|                           | k box and use reverse sideress or insurance changes  ICPT & Reason  Paul Dulberg  Sagerman, Sc 751730  RECEIPT 124  RECEIPT 126  767730  99212  841480  99214  887630  64718 64708                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ICPT & Reason   Explanation of Activity | CPT & Reason   Explanation of Activity   Charges & Debits | Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Constitute   Con | Continued   |

AND SURGERY ASSOCIATES SC 7400 EAGLE WAY HICAGO, IL 60678-1374

Account Number:

80330

Office Phone Number:

(847)956-0099

our prompt payment is greatly ppreciated.

Ins. Pending:

0.00

Patient Balance:

Dulberg 005624 Continued

8428 2116426 016856 016856 00001/00002 920966912

92096\$11028

37400 EAGLE WAY CHICAGO, IL 60678-1374

| CHECK CARD USING I | VISA VISA      |
|--------------------|----------------|
| CARD NUMBER        | VERIFICATION # |
| CARDHOLDER NAME    | EXP. DATE      |
| SIGNATURE          | AMOUNT         |

SA11 1003 0004274 220004274

ADDRESSEE MAN

PAUL DULBERG



HAND SURGERY ASSOCIATES SC 37400 EAGLE WAY CHICAGO IL 60678-1374 hlalanladalahadaldalladladlalladla

| Dage St.               |               |          |                     |           |                 |              |
|------------------------|---------------|----------|---------------------|-----------|-----------------|--------------|
| Page Stateme           | nt Date       | Due Date | Office Phone Number | Account # | Patient Balance |              |
| 2 09/1/                | 3.440         |          |                     | ACCOUNT # | ralient balance | Show Amount  |
| 2 08/10                | 7/12          | 08/25/12 | (847) 956-0099      | 80330     | 8791.00         | Paid Here \$ |
| Please check box and u | se reverse si | de to    | OTATELA             |           | 0/31:00         | raid neie 3  |

ate address or insurance changes

STATEMENT

RETURN THIS PORTION WITH PAYME

| Date        | ICPT & Reason | Explanation of Activity |           |           |            |         |
|-------------|---------------|-------------------------|-----------|-----------|------------|---------|
|             |               | Exhiguation of Activity | Charges & | Insurance | Payments & | Patient |
| <del></del> |               |                         | Debits    | I         | Credits    | Amount  |
| <del></del> |               | Visit Total             |           |           |            | 1667.00 |

IAND SURGERY ASSOCIATES SC 7400 EAGLE WAY HICAGO, IL 60678-1374

Account Number:

80330

Office Phone Number:

(847)956-0099

our prompt payment is greatly ppreciated.

Ins. Pending:

0.00

Patient Balance:

8791.00

8428 2116426 016857 016857 00002/00002

Dulberg 005625

92096\$11028

HAND SURGERY ASSOCIATES SC 37400 EAGLE WAY CHICAGO, IL . 60678-1374

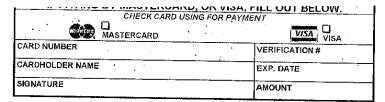
# ADDRESS SERVICE REQUESTED

| FISH TI 1003 - 0004274 220004 | -R1 | 111003 | 0004274 220004274 |  |
|-------------------------------|-----|--------|-------------------|--|
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| <br>      |               |            |            |
|-----------|---------------|------------|------------|
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| ш         |               |            |            |
|           |               |            |            |

>18325 2287195 001 092096

PAUL DULBERG 4606 HAYDEN MCHENRY, IL 60050



HAND SURGERY ASSOCIATES SC 37400 EAGLE WAY CHICAGO IL 60678-1374 հանուկակների անգիրանությունը և հանուկակի

| Page                                                                           | 04:1           | <u> </u> | <u> </u>            |           |                |                                |  |
|--------------------------------------------------------------------------------|----------------|----------|---------------------|-----------|----------------|--------------------------------|--|
| rage                                                                           | Statement Date | Due Date | Office Phone Number | Account # | Patient Balanc | e chandani                     |  |
| 1<br>TPlease cho                                                               | 01/10/13       | 01/25/13 | (847) 956-0099      | 80330     | 9159.00        | Show Amount Paid Here \$       |  |
| Please check box and use reverse side to indicate address or Insurance changes |                |          | STATEMENT           |           |                | RETURN THIS PORTION WITH PAYME |  |

| )ate                 | ICPT & Reason      | Explanation of Activity                                    | Charges &<br>Debits | Insurance | Payments & | Patient |
|----------------------|--------------------|------------------------------------------------------------|---------------------|-----------|------------|---------|
| atient:              | Paul Dulberg       | ]                                                          | DEDITS              | Pending   | Credits    | Amount  |
|                      |                    | Balance Forward<br>Balance Forward Total                   | 8765.00             |           |            | 8765.0  |
| rovider              | : Associates,      | S.C., Hand Surgery                                         |                     |           |            |         |
| oucher:              | 1059220            |                                                            | <del></del>         |           | ľ          |         |
| l1/16/12<br>l1/14/12 | 751<br>CK #AA88881 | STATE OF ILLINOIS MEDIC Self Pay Check Payment Visit Total | 20.00               |           | -20.00     | 0.0     |
| rovider:             | Sagerman, Sc       | tott p                                                     |                     |           |            |         |
| oucher:              | 767730             |                                                            | ······              |           |            |         |
|                      | Receipt #13        | Self Pay Credit Card Pa                                    | 14-7                |           | -4.00      | ~4.0    |
| oucher:              | 1020590            |                                                            |                     |           |            |         |
| 0/22/12              |                    | Office Outpt Est15 Min                                     | 116.00              |           |            | 116.0   |
| oucher:              | 1025240            |                                                            |                     |           |            |         |
| 2/03/12<br>2/03/12   | 99213              | Office Outpt Est15 Min Radex Elbw Compl Minimu Visit Total | 116.00<br>166.00    |           |            |         |
|                      | <del></del>        | ATOTO LOCAT                                                |                     |           | 1          | 282.00  |

AND SURGERY ASSOCIATES SC 7400 EAGLE WAY HICAGO, IL 60678-1374

Account Number:

80330

Office Phone Number:

(847)956-0099

our account is past due. Please remit ayment upon receipt of this tatement.

Patient Balance:

0.00

Ins. Pending:

Dulberg 005626

9159.00

3325 2287195 018326 018326 00001/00001 920966912

92096\$11026

Hand Surgery Associates, SC Dr. Sagerman/Dr. Biafora

37400 EAGLE WAY CHICAGO, IL 60678-1374

ADDRESS SERVICE REQUESTED

SA 11 1003 0004274 220004274

# ADDRESSEE

>D8428 2116426 001 092096 PAUL DULBERG 4606 HAYDEN MCHENRY, IL 60050

| יייבטון טאועט טאועט דיי | UK PATMEN)     |
|-------------------------|----------------|
| MASTERCARD              | VISA VISA      |
| CARD NUMBER             | VERIFICATION # |
| CARDHOLDER NAME         | EXP, DATE      |
| SIGNATURE               | AMOUNT         |

# REMIT TO

HAND SURGERY ASSOCIATES SC 37400 EAGLE WAY CHICAGO IL 60678-1374 Midhallaladanfallahahalladad

| Page      | Statement Date            | Due Date | Office Phone Number | Account # | Patient Balance | Chair America            |
|-----------|---------------------------|----------|---------------------|-----------|-----------------|--------------------------|
| 1         | 08/10/12                  | 08/25/12 | (847) 956-0099      | 80330     | Continued       | Show Amount Paid Here \$ |
| Please ch | eck box and use reverse s | side to  | STATEM              | ENIT      |                 |                          |

idicate a ddress or Insurance changes

SIAIEMENI

RETURN THIS PORTION WITH PAYI

| Date               | ICPT & Reason  | Explanation of Activity | Charges & Debits | Insurance | Payments & | Patient |
|--------------------|----------------|-------------------------|------------------|-----------|------------|---------|
| Patient:           | Paul Dulberg   |                         | Dents            | Pending   | Credits    | Amount  |
|                    |                | Balance Forward         | 116.00           | 1         |            |         |
|                    |                | Balance Forward Total   | 110.00           |           |            | 116     |
| Provider           | : Sagerman, Sc | iott p                  |                  | 1         | 1          | ļ       |
| Voucher:           | 751730         |                         |                  | }         |            |         |
| 06/28/112          | RECEIPT 124    | Self Pay Credit Card Pa |                  |           |            |         |
| 07/30/12           | RECEIPT 126    | Self Pay Credit Card Pa | [                |           | -20.00     | 1       |
|                    |                | Visit Total             | -                |           | -20.00     | -40     |
| Voucher:           |                | 1                       |                  |           |            |         |
| 05/14/1.2          | 99212          | Office Outpt Est 10 Min | 90.00            |           |            |         |
|                    |                | Visit Total             | .1<br>1<br>1     | 1         |            | 90      |
| Voucher:           |                |                         |                  | 1         |            |         |
| 06/06/12           | 99214          | Office Outpt Est 25 Min | 171.00           | 1         |            |         |
|                    |                | Visit Total             | 1,1.00           |           | ,          | 171     |
| Voucher:           |                |                         |                  |           |            |         |
| 07/09/12           |                | Neurp&/Trpos Ur Nrv Elb | 3318.00          | 1         |            |         |
| 07/09/ <b>1</b> L2 | 64708          | Neurp Major Prph Nrv Ar | 3353.00          | į.        |            |         |
|                    |                | Visit Total             | 5555.00          |           |            | 6671    |
| Provider           | : Biafora, Sam | ı J                     |                  |           |            |         |
| Voucher:           |                |                         |                  | 1         |            |         |
| 05/17/1_2          | 99213          | Office Outpt Est15 Min  | 116.00           |           |            |         |
|                    |                | Visit Total             |                  |           |            | 116     |
| Voucher:           |                |                         |                  |           |            |         |
| 07/09/ <b>1</b> 2  |                | Neurp&/Trpos Ur Nrv Elb | 829.00           |           |            |         |
| 07/09/1L2          | 64708          | Neurp Major Prph Nrv Ar | 838.00           | ž         | 1          | 1       |

HAND SURGERY ASSOCIATES SC 37400 EAGLE WAY CHICAGO, IL 60678-1374

Account Number:

803

Office Phone Number:

(847)956-00

Your prompt payment is greatly appreciated.

Ins. Pending:

Patient Balance:

Dulberg 005628

Continu

0.

| MASTERCARD USING | VISA VISA      |
|------------------|----------------|
| CARD NUMBER      | VERIFICATION # |
| CARDHOLDER NAME  | EXP. DATE      |
| SIGNATURE        | AMOUNT         |

SA11 1003 0004274 220004274

# ADDRESSEE

PAUL DULBERG



# REMIT TO

HAND SURGERY ASSOCIATES SC 37400 EAGLE WAY CHICAGO IL 60678-1374 Idlalladallaladallalladallalladallalladal

| Page      | Statement Date             | Due Date | Office Phone Number | Account # | Patient Balance |                             |
|-----------|----------------------------|----------|---------------------|-----------|-----------------|-----------------------------|
| 2         | 08/10/12                   | 08/25/12 | (847) 956-0099      | 80330     | 8791.00         | Show Amount<br>Paid Here \$ |
| Please ch | neck box and use reverse s | side to  | (02.7)              |           | 8/91.00         | гаю пеге \$                 |

riease check box and use reverse side to indicate address or insurance changes

STATEMENT

RETURN THIS PORTION WITH PAY

| Date | ICPT & Reason | Explanation of Activity | Charges & Debits |         | l      | Patient        |
|------|---------------|-------------------------|------------------|---------|--------|----------------|
|      |               | Visit Total             | 50510            | rending | Cieuis | Amount<br>1667 |

HAND SURGERY ASSOCIATES SC 37400 EAGLE WAY CHICAGO, IL 60678-1374

Account Number:

803

Office Phone Number:

(847)956-00

Your prompt payment is greatly appreciated.

Ins. Pending:

Patient Balance:

Dulberg 005629

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HAND SURGERY ASSOCIATES SC 3 7400 EAGLE WAY CHICAGO, IL . 60678-1374

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PAUL DULBERG 4606 HAYDEN MCHENRY, IL 60050

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HAND SURGERY ASSOCIATES SC 37400 EAGLE WAY CHICAGO, IL 60678-1374

Account Number:

80:

Office Phone Number:

(847)956-0

Your account is past due. Please remit payment upon receipt of this statem ent.

Ins. Pending:

Patient Balance:

**Dulberg 005630** 

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TEL: 847/956-0099 \* FAX: 847/956-0433

Patient name: Paul Dulberg 323 76 4001

Date of Birth: 03/19/70

Chart #:

5/06/2004 SCOTT D. SAGERMAN, M.D.

#### CHART NOTES

The patient was in the office today for evaluation of left elbow. He is doing well. His arm is feeling much better. The strength in his hand has improved dramatically. He is very pleased with the results of his surgery. He does not report any paresthesias in his hand.

PHYSICAL EXAMINATION: The left elbow scar is stable. Range of motion is full. Sensation around the scar is decreased as expected. This should improve with time. Intrinsic strength is 5/5. Pulp-to-palm distance is 0. Sensation is intact in all distributions.

TREATMENT PLAN: He will continue home exercises as directed by the therapist. He may resume use of his left hand for activities as tolerated. He was cautioned to limit heavy lifting activities if any symptoms arise.

He did not wish to schedule a follow-up appointment. He was invited to return back to the office at his discretion if any further problems or concerns arise. Follow-up PRN. Work status is no restriction.

NEXT VISIT: PRN.

ACTIVITY/WORK STATUS: Unrestricted. Scott D. Sagerman, M.D./sld

TEL: 847/956-0099 \* FAX: 847/956-0433

Patient name: Paul Dulberg 323 76 4001

Date of Birth: 03/19/70

Chart #:

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SCOTT D. SAGERMAN, M.D.

-CONTINUED-

CHART NOTES

function is intact.

TREATMENT PLAN: I reviewed the operative findings. The patient's questions were answered. The need for activity restriction was explained.

He was given a therapy referral for fabrication of an elbow extension-block splint and instruction in protected range of motion exercises.

The sutures will be removed next week, and he will begin scar management after that. Follow up is three weeks. Work status is no use, wear splint.

NEXT VISIT: Three weeks.

ACTIVITY/WORK STATUS: Restricted. No use of affected hand/arm. Keep wound clean and dry. Wear splint. Scott D. Sagerman, M.D./jkl

#### 4/08/2004 SCOTT D. SAGERMAN, M.D.

#### CHART NOTES

The patient was in the office today for evaluation of left elbow. He is doing well. His symptoms have improved. His pain is decreased. Sensation has improved. He is participating in therapy. His progress is satisfactory.

PHYSICAL EXAMINATION: The left elbow scarring is stable. Range of motion is satisfactory. There is no nerve subluxation. He reports diminished sensation surrounding the surgical scar which is expected. Sensation is intact distally. Finger motion is satisfactory.

TREATMENT PLAN: He will continue postoperative therapy including scar management and gradual strengthening exercises. I reviewed the need for temporary activity restriction and protection of the left arm. He was given a padded elbow sleeve for protection of the surgical scar. The sensation surrounding the scar should improve gradually over time. Follow-up one month. Work status is no forceful, no heavy.

NEXT VISIT: One month.

ACTIVITY/WORK STATUS: Restricted. No forceful gripping/strenuous use. No heavy lifting. Scott D. Sagerman, M.D./sld

TEL: 847/956-0099 \* FAX: 847/956-0433

Patient name: Paul Dulberg 323 76 4001

Date of Birth: 03/19/70 Chart #:

1/19/2004

JOHN R. RUDER, M.D.

-CONTINUED-

CHART NOTES

with Dr. Sagerman who will be contacting the patient to schedule the surgery.

NEXT VISIT: Dr. Sagerman will call.

ACTIVITY/WORK STATUS: Unrestricted.

John R. Ruder, M.D./sld

3/10/2004

SCOTT D. SAGERMAN, M.D.

SURGERY NOTE

DATE OF SURGERY: 3/10/04

SURGERY: REVISION, LEFT ULMAR NEUROLYSIS AND ANTERIOR TRANSPOSITION.

Scott D. Sagerman, M.D./sld

3/15/2004

JOHN R. RUDER, M.D.

#### CHART NOTES

The patient was in the office today for evaluation of left elbow.

PHYSICAL EXAMINATION: Wound is unremarkable. There is no hematoma. No sign of infection.

The dressing is changed. The posterior splint is replaced. He will return to see Dr. Sagerman later this week.

NEXT VISIT: 3/18/2004 with Dr. Sagerman.

ACTIVITY/WORK STATUS: Off work.

John R. Ruder, M.D./all

3/18/2004

SCOTT D. SAGERMAN, M.D.

#### CHART NOTES

The patient was in the office today for evaluation of left arm. He is doing well. His pain is controlled. No other problems reported after surgery. His preoperative symptoms have improved.

PHYSICAL EXAMINATION: On exam, the left elbow incision is clean. Sutures are in place. No sign of infection or hematoma. There is minimal swelling as expected. Circulation and sensation are intact distally. Ulnar nerve

## Hand Surgery Associates, S.C. 515 West Algonquin Road, Suite 120 Arlington Heights, IL 60005 TEL: 847/956-0099 \* FAX: 847/956-0433

Patient name: Paul Dulberg SS #: 323 76 4001

Date of Birth: 03/19/70 Chart #:

1/15/2004

SCOTT D. SAGERMAN, M.D.

The patient was in the office today for evaluation of left elbow. He is doing okay. Overall, his ulnar nerve symptoms have improved. He still has intermittent medial elbow pain and paresthesias associated with movement of his elbow. He is concerned about the persistent snapping of the ulnar nerve.

PHYSICAL EXAMINATION: Left elbow scar is stable. The ulnar nerve is nontender. There is no Tinel's sign. Range of motion is full. Sensation is intact distally. Intrinsic strength is normal. There is marked left ulnar nerve subluxation at the cubital tunnel.

TREATMENT PLAN: I reviewed the clinical findings. The patient's questions were answered. Treatment options were discussed.

Additional surgery may be indicated to address the ulnar nerve instability. Options would include ulnar nerve transposition or medial epicondylectomy. The timing of additional surgery would be elective, and I believe observation is appropriate at this time.

I asked the patient to obtain a second opinion regarding additional surgery. Follow up for second opinion with HSA M.D. Work status is no restriction.

NEXT VISIT: After second opinion.

ACTIVITY/WORK STATUS: Unrestricted. Scott D. Sagerman, M.D./jkl

1/19/2004

JOHN R. RUDER, M.D.

#### CHART NOTES

The patient was in the office today for evaluation of left elbow. The history is as given by Dr. Sagerman.

PHYSICAL EXAMINATION: On examination, his symptoms are reproduced with elbow flexion and extension with subluxation of the ulnar nerve.

The soft tissues are soft. I don't think that there would be a problem with proceeding with a second surgery at this point.

Because his symptoms are present both at rest, though aggravated with flexion extension, it may be that an epicondylectomy would not be enough. I would favor a submuscular transposition and have reviewed reasonable expectations of outcome of such a surgery with Mr. Dulberg as well as potential risks and complications. He believes that he would proceed and I have discussed this

TEL: 847/956-0099 \* FAX: 847/956-0433

Patient name: Paul Dulberg 323 76 4001

Date of Birth: 03/19/70

Chart #:

11/06/2003 SCOTT D. SAGERMAN, M.D.

~CONTINUED~

CHART NOTES

stable. Range of motion is satisfactory. Sensation is intact distally.

TREATMENT PLAN: He will continue therapy for range-of-motion exercises, scar management and strengthening. I reviewed the need for activity restriction. He will use a padded elbow sleeve for protection.

NEXT VISIT: Four weeks.

ACTIVITY/WORK STATUS: Restricted. No forceful gripping/strenuous use. No heavy lifting. Wear splint. Scott D. Sagerman, M.D./all

#### 12/04/2003 SCOTT D. SAGERMAN, M.D. CHART NOTES

The patient was in the office today for evaluation of left elbow. He is doing well. His symptoms have improved. He reports some residual paresthesias, which is expected.

PHYSICAL EXAMINATION: Left elbow scar is stable. Range of motion is full. There is slight ulnar nerve subluxation at the cubital tunnel. Sensation is intact in all distributions. The patient reports that his grip strength has improved.

TREATMENT PLAN: He will continue postoperative therapy for range of motion exercises and gradual strengthening. Continued improvement is expected over time.

I briefly explained the option for ulnar nerve transposition, if the nerve subluxation causes persistent symptoms. For now, his symptoms will be observed.

Follow up is one month. Work status is no restriction.

NEXT VISIT: One month.

ACTIVITY/WORK STATUS: Unrestricted. Scott D. Sagerman, M.D./jkl

TEL: 847/956-0099 \* FAX: 847/956-0433

Patient name: Paul Dulberg SS #: 323 76 4001

Date of Birth: 03/19/70

Chart #:

9/11/2003

SCOTT D. SAGERMAN, M.D.

CORRESPONDENCE

(Ref) MITCHELL S. GROBMAN, M.D.

10/28/2003

SCOTT D. SAGERMAN, M.D.

SURGERY NOTE

DATE OF SURGERY: 10/28/03

SURGERY: LEFT CUBITAL TUNNEL RELEASE.

Scott D. Sagerman, M.D./all

10/30/2003

SCOTT D. SAGERMAN, M.D.

CHART NOTES

The patient was in the office today for evaluation of left arm. He is doing well. No problems reported after surgery. His pain is controlled.

PHYSICAL EXAMINATION: The left elbow incision is clean. Sutures are in place. No sign of infection or hematoma. Elbow motion is satisfactory. Circulation is intact distally.

TREATMENT PLAN: I reviewed the operative findings. The patient's questions were answered. The expectation for gradual improvement and ulnar nerve symptoms was discussed.

A therapy referral was provided for range-of-motion exercise and scar management. Infection precautions were reviewed. Follow up in one week for suture removal.

NEXT VISIT: One week.

ACTIVITY/WORK STATUS: Restricted. No use of affected hand/arm. Keep wound clean and dry.

Scott D. Sagerman, M.D./all

11/06/2003

SCOTT D. SAGERMAN, M.D.

CHART NOTES

The patient was in the office today for evaluation of left elbow. He is doing well. His pain is controlled. His symptoms have improved. He still reports scar tenderness and weakness which is expected.

PHYSICAL EXAMINATION: The left elbow incision is healed. The scar is

# HAND SURGERY ASSOCIATES, S.C.

SPECIALISTS IN THE SHOULOER, ELBOW, WRIST AND HAND

MICHAEL I. VENDER, M.D. JOHN FI. RUDER, M.D. SCOTT D. SAGERMAN, M.D. PRASANT ATLURI, M.D.

DONNA J. KERSTING, MBA

September 16, 2003

Mitchell Grobman, M.D. 1900 Hollister Drive Suite 280 Libertyville, IL 60048

RE: Paul Dulberg O/V: 9/11/03

Dear Dr. Grobman:

I had the opportunity to examine your patient, Paul Dulberg, concerning his left arm. He reports persistent numbness and tingling in the ulnar nerve distribution of the left hand following a motor vehicle accident which occurred in March, 2002. He has had conservative treatment including injections, medications and therapy. A nerve conduction study from May, 2002 and repeat study in December, 2002 showed evidence of ulnar neuropathy at the elbow.

PHYSICAL EXAMINATION: Examination in the left arm shows positive Tinel sign at the cubital tunnel with local sensitivity. Range of motion is full. Sensation is diminished in the ulnar nerve distribution. There is slight weakness of the intrinsic muscles and positive Froment's sign. There is no visible atrophy. Circulation is normal distally.

X-RAY EXAMINATION: X-rays of the left elbow are negative.

IMPRESSION: Left cubital tunnel syndrome.

TREATMENT PLAN: I explained the diagnosis and treatment options. Surgery is indicated on an elective basis for cubital tunnel release. The patient requested to proceed with surgery. This may be scheduled at his convenience.

515 W. ALGONQUIN RD, STE 120 ARLINGTON HEIGHTS, IL 60005 TEL: 847-956-0099 FAX: 847-958-0433

565 LAKE VIEW PKWY, STE 140 VERNON I-HILLS, IL 60061 TEL: 847-247-5100 FAX: 847-956-0433

222 N LASALLE, STE 260 CHICAGO, IL 80801 TEL. 312-214-2222 FAX: 312-223-1075

www.fisasc.com

Thank you for the opportunity to participate in his care.

Sincerely,

Scott D. Sagerman, M.D. SDS/cla



# Hand to Shoulder Associates

Formerly Hand Surgery Associates, S.C.

Hand • Shoulder • Elbow • Wrist

IICHAEL I. VENDER, M.D. COTT D. SAGERMAN, M.D. RASANTATLURI, M.D. AM J. BIAFORA, M.D. IICHAEL V. BIRMAN, M.D. JAY K. BALARAM, M.D.

ONNAJ. KERSTING, MBA

#### CURRICULUM VITAE

SCOTT DAVID SAGERMAN, M.D.

EDUCATION:

FELLOWSHIP:

Division of Hand Surgery

Department of Orthopaedic Surgery State University of New York Health

Science Center 550 Harrison Street Syracuse, N.Y. 13202 August 1992 - July 1993

15 W. ALGONQUIN RD. RLINGTON HEIGHTS, IL 60005 EL: 847-956-0099

AX: 847-956-0433

RLINGTON HEIGHTS

RESIDENCY:

Emory University Affiliated Hospitals

Department of Orthopaedic Surgery

69 Butler Street S.E. Atlanta, GA 30303 July 1988 - June 1992

ELVIDERE DLINGBROOK

HICAGO - DOWNTOWN

HICAGO - 6 CORNERS

DUNTRYSIDE

\_MHURST

\_SIP

ERNON HILLS

ww.hsasc.com

INTERNSHIP:

Emory University Affiliated Hospitals

Department of Surgery 69 Butler Street S.E. Atlanta, GA 30303 July 1987 - June 1988

MEDICAL SCHOOL:

Northwestern University Medical School

303 E. Chicago Avenue Chicago, IL 60611 July 1983 - June 1987 Doctor of Medicine, 1987

UNDERGRADUATE:

Northwestern University

633 Clark Street Evanston, IL 60201 July 1981 - June 1983 Bachelor of Science, 1985

1

#### BOARD CERTIFICATION:

National Board of Medical Examiners, Parts I, II, and III, 1988.

American Board of Orthopaedic Surgeons - Board Certified, 1995. Recertified through 2015.

Certificate for Added Qualifications in Surgery of the Hand, American Board of Orthopaedic Surgery 1996. Recertified through 2015.

American Board of Independent Medical Examiners, Certified Independent Medical Examiner (CIME), 2012

#### SOCIETY MEMBERSHIPS:

American Society for Surgery of the Hand American Association for Hand Surgery Chicago Society for Surgery of the Hand

Board of Directors 2006-2013

Secretary 2006-2007 Vice President 2008-2009

President 2010-2012

American Academy of Orthopaedic Surgeons Illinois State Medical Society

#### COMMITTEE MEMBERSHIPS/ APPOINTMENTS:

Lurie Children's Hospital of Chicago Chicago, IL

• Foundation Board Member 2010 - Present

Alexian Brothers Medical Center

- Department Chairman, Hand/Microvascular Surgery -2000-2006
- Section Chief, Hand/Microvascular Surgery -2000-Present

#### LICENSURE:

Illinois - 1993 (036-086000)
"Certified with the Drug Enforcement
Administration"
Illinois State Controlled Substance

#### EMPLOYMENT:

Hand Surgery Associates, S.C., Arlington Heights, IL 60005 August, 1993 - present

Research Assistant - Department of Orthopaedic Surgery Children's Memorial Hospital, Chicago, IL August 1986 - June 1987

Research Assistant - Division of Ambulatory Pediatrics Children's Memorial Hospital, Chicago, IL July 1982 - June 1985

#### ACADEMIC APPOINTMENT:

Northwestern University Medical School Department of Orthopaedic Surgery - Instructor of Clinical Orthopaedic Surgery: 1993-2000

#### **HOSPITAL AFFILIATIONS:**

Advocate - Condell Medical Center Libertyville, IL 60048

Alexian Brothers Medical Center Elk Grove Village, IL 60007

Elmhurst Memorial Hospital Elmhurst, IL 60126

MetroSouth Medical Center Blue Island, IL 60406-2428

Northwest Community Hospital Arlington Heights, IL 60005

Northwestern - Lake Forest Hospital Lake Forest, IL 60045

St. Alexius Medical Center Hoffman Estates, IL 60194

#### PUBLICATIONS:

Short W., Sagerman S., TFCC Repair: Radial-Sided Tear In: Chow J ed. Advanced Arthroscopy 2000: 219-224.

Sagerman S., Palmer A., Short W., Triangular Fibrocartilage Complex Injury and Repair In: Watson K., Weinzweig J., ed. The Wrist. Lippincott Williams & Wilkins. 2001: 607-613.

Sagerman S., Vender M.I., Infections. In: Kasdan Morton L. ed. Occupational Medicine: State of the Art Reviews. Vol. 13 No. 3, Philadelphia: Hanley & Belfus, 1998.

Sagerman S., Vender M.I. Distal Radioulnar Joint. In: Kasdan, Morton L., Jebson, P. ed. Hand Secrets. Philadelphia: Hanley & Belfus, Inc. 1998; 107-112.

Vender M.I., Sagerman S. Compression Neuropathies. In: Kasdan, Morton L., Jebson, P. ed. Hand Secrets. Philadelphia: Hanley & Belfus, Inc., 1998; 133-138.

Sagerman S., Truppa KL. Diagnosis and Management of Occupational Disorders of the Shoulder. In: Kasdan, Morton L., ed. Occupational Hand & Upper Extremity Injuries & Diseases. 2nd ed. Philadelphia: Hanley & Belfus, Inc., 277-285, 1998.

Pomerance, J., Sagerman, S. "Replantation and Revascularization in a Community Based Microsurgical Practice". Alexian Medical Review, Vol. 13, No. 1: Fall 1997.

Pomerance, J., Truppa, K., Bilos, Z.J., Vender M.I., Ruder, J.R., Sagerman, S.D., "Replantation and Revascularization of the Digits in a Community Microsurgical Practice". Journal of Reconstructive Microsurgery, Vol. 13, No. 3: 163-170, April 1997.

Sagerman S., Palmer A.K., "Wrist Arthrodesis Using A Dynamic Compression Plate". J. Hand Surgery (Br.), 21B: 4: 437-441, 1996

Sagerman S., Short W., "Arthroscopic Repair of Radial-Sided Triangular Fibrocartilage Complex Tears". J. Arthroscopic and Related Surgery, Vol.12, No.3: 339-342, June 1996.

Sagerman S., Zogby R., Palmer A., Werner F., Fortino M., "Relative Articular Inclination of the Distal Radioulnar Joint - A Radiographic Study". J. Hand Surgery, 20A:597-601, 1995.

### PUBLICATIONS (Cont):

Sagerman S., Hauck R., Palmer A., "Lunate Morphology - Can It Be Predicted With Routine X-Rays?" J. Hand Surgery, 20A:38-41, January, 1995.

Sagerman S., Lourie G., "Eikenella Osteomyelitis in a Chronic Nail Biter: A Case Report". J. Hand Surgery, 20A:71-73, January, 1995.

Seiler J., Sagerman S., Geller R., Fleming L., "Venomous Snakebite - Current Concepts of Treatment". Orthopedics, 17(8): 707-714 August 1994.

Sagerman S., Rooks M., Ensor C., "Carpal Tunnel Syndrome: An Alternative Method of Conservative Treatment". Submitted.

Sagerman S., Seiler J., Fleming L., Lockerman E., "Silicone Rubber Distal Ulnar Replacement Arthroplasty". J. Hand Surgery (Br.), 17B:689-93, December 1992.

Christoffel K., Marcus D., Sagerman S., Bennett S., "Adolescent Suicide and Suicide Attempts - A Population Study". Ped Emer Care 4(1):32-40, March 1988.

Tanz R., Christoffel K., Sagerman S., "Are Toy Guns Too Dangerous?". Pediatrics. 75(2):265-268, February 1985.

Christoffel K., Tanz R., Sagerman S, Hahn Y, "Childhood Injuries Caused by Non-powder Firearms". Am J Diseases of Children. 138:577-561, June 1984.

### PRESENTATIONS:

Sagerman, S., "Wrist Arthroscopy". Presented at Northwest Community Hospital - October, 1995

Sagerman, S., "Management Issues in Upper Extremity Disorders Among Workers". Presented at Alexian Brothers Medical Center Conference Center - June, 1995.

Sagerman, S., "Wrist Fractures". Presented at Alexian Brothers Medical Center Conference Center, National Association of Orthopaedic Nurses - April, 1995

### PRESENTATIONS (Cont):

Sagerman, S., "Management Issues in Upper Extremity Disorders Among Workers". Presented at Alexian Brothers Medical Center Conference Center - November, 1994.

Sagerman, S., Short, W., "Arthroscopic Repair of Radial-Sided TFCC Tears: A Follow-Up Study". Presented at American Society for Surgery of the Hand, Annual Meeting, Cincinnati, OH - October, 1994.

Sagerman, S., "Management Issues In Upper Extremity Disorders Among Workers". Presented at Alexian Brothers Medical Center Conference Center - October, 1994.

Sagerman S., "Wrist Arthrodesis Using Dynamic Compression Plating". Presented at the Mid America Orthopaedic Association Annual Meeting, Bermuda - April, 1994.

Sagerman S., Palmer A., "Wrist Arthrodesis Using Dynamic Compression Plating". Presented at the Chicago Society for Surgery of the Hand, Quarterly Meeting, Chicago, IL - January, 1994.

Hauck R., Sagerman S., Palmer A., "Lunate Morphology - Can it be Predicted With Routine X-rays?". Presented at the American Association for Hand Surgery, Cancun, Mexico - November, 1993.

Sagerman S., "Wrist Arthrodesis Using Dynamic Compression plating". Presented at S.U.N.Y. Health Science Center, department of Orthopaedic Surgery, Alumni Day, Syracuse, NY - June, 1993.

Sagerman S., "Management of Extremity Snakebite Wounds".

Presented at S.U.N.Y. Health Science Center Department of
Orthopaedic Surgery Grand Rounds, Syracuse, NY - March, 1993.

Sagerman S., "Flexor Tendon Injury and Repair". Presented at S.U.N.Y. Health Science Center, Department of Orthopaedic Surgery Grand Rounds, Syracuse, NY - November, 1992.

Sagerman S., "Management of Extremity Snakebite Wounds". Presented at Emory University, Department of Orthopaedic Surgery Grand Rounds, Atlanta, GA - March, 1992.

Sagerman S., Roberson R., "Total Hip Arthroplasty Using the Mecron Ring". Presented at Southern Orthopaedic Association Residents Conference, Atlanta, GA - November, 1991.

### PRESENTATIONS (Cont):

Sagerman S., Fleming L., "Long-Term Results of Distal Ulna Replacement Arthroplasty". Presented at American Orthopaedic Association Residents' Conference, Kansas City, MO April, 1991.

Sagerman S., Fleming L., "Long-Term Results of Distal Ulna Replacement Arthroplasty". Presented at Southern Orthopaedic Association Residents' & Fellows' Conference, Washington, D.C. 1989.

Hajek M., Conway J., Sagerman S., Carroll N., Dias L., "A Scientific Classification of Legg-Calve-Perthes Disease". Presented at Northwestern University of Orthopaedic Surgery Resident-Alumni Thesis Day, Chicago, IL - 1987.

### EXHIBITS:

Sagerman S., Truppa K., Bohan Ruff S., "Fasciotomy for Acute Compartment Syndrome in the Upper Extremity: A Follow-up Study". Poster exhibit, Annual Meeting American Association for Hand Surgery, Boca Raton, Florida, 1997

Sagerman S., Roberson R., "Total Hip Arthroplasty Using the Mecron Ring". Poster exhibit at the Annual Meeting of the American Academy of Orthopaedic Surgeons, Washington D.C. - February, 1992.

Sagerman S., Seiler J., Fleming L., "Long Term Results of Distal Ulna Replacement Arthroplasty". Poster exhibit, Annual Meeting of the American Society for Surgery of the Hand, Orlando, Florida October 1991.

Sagerman S., Ensor C., Rooks M., "Treatment of Carpal Tunnel Syndrome with a Full Tendon Gliding Hand Therapy Protocol". Poster exhibit, Annual Meeting of the American Society for Surgery of the Hand, Orlando, Florida - October, 1991.

Sagerman S., Roberson R., "Periacetabular Bone Loss with Early Loosening of the Mecron Threaded Ring". Poster exhibit, American Academy of Orthopaedic Surgeons Annual Meeting, Anaheim, CA - March, 1991.

### INSTRUCTOR:

Lab Instructor - "The Wrist: Arthroscopic and Open Techniques". Wrist Arthroscopy 2004. Co-sponsored by the American Society for Surgery of the Hand and the American Academy of Orthopaedic Surgeons, held at Orthopaedic Learning Center, Rosemont, IL - August 7-8, 2004.

Lab Instructor - "Common Hand and Wrist Problems". Presented by American Academy of Orthopaedic Surgeons, Rosemont, IL - October 1998

Lab instructor - "Open and Arthroscopic Shoulder Surgery: Advanced Anterior and Posterior techniques". Presented by American Academy of Orthopaedic Surgeons, Rosemont, IL - May 1998.

"The Masters Experience" in Arthroscopic Surgery of the Wrist, Elbow & Carpal Tunnel. Presented by the Arthroscopy Association of North America, Rosemont, IL - November, 1996.

A Comprehensive Approach to Challenging Wrist Problems American Society of Hand Therapists Chicago, IL - April 28-30, 1995

Problem Based Learning Northwestern University Medical School, Chicago, IL 1995, 1996, 1998

3M Endoscopic Carpal Tunnel Release Course Syracuse, NY - May, 1993.

Cardiopulmonary Resuscitation Northwestern University Medical School, Chicago, IL July, 1984 - July, 1985.

03/2013

MICHAEL I, VENDER, M.D. SCOTT D. SAGERMAN, M.D. PRASANTATLURI, M.D. SAM, J. BIAFORA, M.D. MICHAEL V. BIRMAN, M.D.

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February 29, 2012

FRANK SEK, M.D. 4606 W. ELM STREET MC HENRY, IL 60050

RE: PAUL DULBERG OV: 02/27/2012

Dear Dr. Sek:

On February 27, 2012, I evaluated your patient, Mr. Paul Dulberg, concerning his right aim. He sustained a laceration of his forearm from a chainsaw accident on June 28, 2011. He developed symptoms of numbness in the small finger with weakness. He was treated with therapy. He had an EMG test and MRI scan.

PAST MEDICAL HISTORY: Remarkable for arthritis and cervical disc disease

MEDICATIONS: Naproxen, Tramadol, Cyclobenzoprine, Flexetine.

PHYSICAL EXAMINATION: The right forearm shows a 7 cm. transverse scar at the ulnar aspect of the mid forearm. There is local tenderness and sensitivity to percussion with a positive Tinel sign and paresthesias radiating into the small finger. There is also sensitivity at the cubital tunnel region. Wrist and elbow motion are unrestricted. There is no visible atrophy. He is unable to adduct the small finger. Flexion strength is grossly normal. Sensation is decreased to light touch in the small finger only with inconsistent two point discrimination.

X-RAY EXAMINATION: Outside films of the right forearm from June 20, 2011 were reviewed. There is no fracture or foreign body.

MRI films of the right forearm from February 3, 2012 were reviewed. No abnormality is seen.

A nerve conduction study by Dr. Levin from August 10, 2011 shows no evidence of diffuse neuropathy.

Plancy Nava da mae

IMPRESSION: Right forearm laceration with probable partial ulnar nerve injury.

TREATMENT PLAN: I explained the diagnosis. For further evaluation, the patient was referred for additional electrodiagnostic testing including an EMG.

February 29, 2012 Re: Paul Dulberg Page Two

104/8000433

Occupational therapy reports were reviewed.

I explained the potential indication for surgery for nerve exploration, pending review of the electrical study.

He will follow-up after the EMG. Work status is no restriction.

If you have any further questions regarding Mr. Paul Dulberg, please feel free to contact me.

Sincerely,

Scott D. Sagerman, M.D.

SDS/sld

Cc: Karen Levin, MD

SPECIALISTS IN THE SHOULDER, ELBOW WRIST AND HAND

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PRASANT ATLURI, M.D. SAM J. BIAFORA, M.D.

SAM J. BI

MICHAEL V. BIRMAN, M.D.

Patient ID:

80330

Patient Name:

PAUL DULBERG

Date of Birth:

03/19/1970

Date of Service:

04/02/2012

#### CHART NOTE:

The patient was in the office today for evaluation of the right hand. He reports no change in his symptoms.

He had an EMG test by Dr. Levin, and the report from March 13, 2012 shows no evidence for neuropathy. The EMG portion showed no denervation, and ulnar nerve conduction was within normal limits.

PHYSICAL EXAMINATION: The right forearm scar is stable and nontender. There is sensitivity to percussion with a positive Tinel sign at the ulnar aspect of the scar. Adduction of the small finger remains limited consistent with a positive Wartenberg's sign.

TREATMENT PLAN: I explained the findings of the EMG test. Treatment options were given. He does not wish to pursue any surgery at this time.

A therapy referral was given for strengthening exercises and scar management,

NEXT VISIT: Six weeks or PRN.

ACTIVITY/WORK STATUS: Unrestricted.

Scott D. Sagerman, MD./all

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PRASANT ATLURI, M.D. SAM J. BIAFORA, M.D.

MICHAEL V. BIRMAN, M.D.

Patient ID:

80330

Patient Name:

PAUL DULBERG

Date of Birth:

03/19/1970

Date of Service:

05/14/2012

### CHART NOTE:

The patient was in the office today for evaluation of the right arm. He reports persistent pain with use of his arm, especially gripping activities. He has had additional therapy which has been beneficial. He reports no change in his symptoms of numbness which is not bothersome. However, his function is limited due to his pain symptoms.

PHYSICAL EXAMINATION: The right forearm scar is tender at the ulnar aspect with a positive Tinei sign and local sensitivity. Composite finger flexion is full. There is no triggering or locking, there is no clawing. Wartenberg sign is positive. Intrinsic strength is slightly weak.

TREATMENT PLAN: I reviewed the diagnosis and treatment options. The possible surgical indication for ulnar nerve neurolysis was discussed. Before deciding on surgery, the patient will contact Dr. Levin for discussion of medication to address his nerve-related pain symptoms.

He will also see Dr. Biafora for a second opinion regarding possible surgical intervention.

NEXT VISIT: 5/17/2012 with Dr. Biafora

ACTIVITY/WORK STATUS: Unrestricted.

Scott D. Sagerman, MD./all

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SPECIALISTS IN THE SHOULDER, ELBOW WRIST AND HAND

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PRASANT ATLURI, M.D. SAM J. BIAFORA, M.D.

MICHAEL V. BIRMAN, M.D.

Patient IO:

80330

Patient Name:

PAUL DULBERG

Date of Birth:

03/19/1970

Date of Service:

05/17/2012

# CHART NOTE:

The patient was seen in the office today for evaluation of the right upper extremity. Mr. Dulberg is a patient of Dr. Sagerman's who presents today for a second opinion, referred by Dr. Sagerman. Briefly, Mr. Dulberg is a 41 year old, right hand dominant male who on June 28, 2011 sustained a chain saw injury to the right forearm. The patient states that he was told he had a partial nerve injury in the emergency room. Today, he reports some weakness in his right hand. He reports numbness in his right small and ring fingers at rest with occasional tingling. He also reports occasional shooting, burning type pain which radiates both proximally and distally from the area of the injury in the proximal forearm. This occurs several times a day at rest and more predictably with use. He denies ny previous injuries. He has undergone electrodiagnostic tests in the recent past. He was recently seen by Dr. Levin a few days ago and has been taking Neurontin over the past couple of days. The patient is currently applying for disability, secondary to his injury as he states that he is unable to perform his previous work activities.

PAST MEDICAL HISTORY: Arthrids, migraine headaches.

PAST SURGICAL HISTORY: Ulnar nerve decompression at the elbow with anterior transposition.

MEDICATIONS: Neurontin, Naproxen, Flexitine, Tramadol, Cyclobenzoprine.

ALLERGIES: No known drug allergies.

SOCIAL HISTORY: He smokes one pack of cigarettes per day.

PHYSICAL EXAM: Examination of the right upper extremity — elbow motion is from 0 to 140 degrees with full forearm rotation which is painless. There is a positive Tinel at the cubital tunnel through to approximately several centimeters distal to this. There is a transverse swelling and a healed scar, several millimeters in length in the proximal third of the forearm on the ulnar side. There is a positive Tinel over the scar at the most volar radial aspect of the scar. There is also significant tendemess at the scar to deep palpation on its most ulnar and distal border near the ulna. The Tinel over the most volar and radial aspect of the scar radiates into the ulnar digits. Moving two point discrimination in the small finger is 6-7 mm. There appears to be good strength to first dorsal

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SPECIALISTS IN THE SHOULDER, ELBOW WRIST AND HAND

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MICHAEL V. BIRMAN, M.D.

Patient ID:

80330

Patient Name:

PAUL DULBERG

Date of Birth:

03/19/1970

Date of Service:

05/17/2012

Interosseous testing. Negative Froment's sign. Positive Wartenberg's. Full digital motion. He has good strength to DIP flexion of the small and ring fingers. There is pain at the scar on its most dorsal and ulnar border with resisted DIP flexion of the small finger. FCU function also appears to be intact, also eliciting pain at the scar. Electrodiagnostic studies deted March 13, 2012 has been reviewed.

ASSESSMENT: Approximately one year status post right forearm laceration with likely partial ulnar nerve injury, with ulnar nerve neuritis.



PLAN: The nature of the patient's condition has been explained in detail. All of his questions were answered. The patient may benefit from an ulnar nerve exploration with neurolysis. I would recommend this also include a cubital tunnel decompression with possible anterior transposition. He understands that this will not likely improve the motor deficits in his hand, however, it may improve he pain to his forearm. An ulnar nerve repair of a partial laceration is unlikely at this point. He also has a separate and distinct tenderness in the most dorsal ulnar aspect of the wound. He may require exploration of this portion of the scar as well. The patient would like some time to think about this. He will continue to be treated with the Neurotin under the neurologist. He will follow-up with Dr. Sagerman in four weeks.

NEXT VISIT: Four weeks.

ACTIVITY/WORK STATUS: Unrestricted.

Sam J. Biafora, MO/sld

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MICHAEL V. BIRMAN, M.D.

Patient ID:

80330

Patient Name:

PAUL DULBERG

Date of Birth:

03/19/1970

Date of Service:

06/05/2012

### CHART NOTE:

The patient was in the office today for evaluation of the right elbow. He reports no change in his symptoms despite medication. He has side effects from the medication which interfere with functioning. He would like to proceed with surgery which was discussed with Dr. Biafora previously. He had additional therapy, but this was discontinued due to lack of progress.

PHYSICAL EXAMINATION: Examination of the right elbow and forearm is unchanged. A positive Tinel sign is present at the cubital tunnel without ulnar nerve subluxation. The forearm scar is stable with tenderness and sensitivity to percussion. He indicates pain with gripping activities localized to the forearm region and resulting in increased numbness in his ring and small fingers with weakness of his grip.

TREATMENT PLAN: I reviewed the diagnosis and treatment options. The surgical indication was discussed. Informed consent was obtained for the procedure. He understands the risks, benefits and possible complications of surgery as well as the expected outcome. The prognosis is guarded in terms of symptom improvement. However, he feels that any improvement in symptoms would be beneficial in terms of his arm functioning.

He was advised to contact the neurologist to report his symptoms associated with the use of Neurontin medication. Medical clearance will be obtained from his primary care physician before surgery is scheduled.

NEXT VISIT: After surgery.

ACTIVITY/WORK STATUS: Unrestricted.

Scott D. Sagerman, MD./all

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Northwest Comm Hosp 7/10/2012 2:26:19 PM PAGE 2/004 Fax Server

> NORTHWEST COMMUNITY HOSPITAL ARLINGTON HEIGHTS, ILLINOIS

55223

DD: Mon Jul 09 17:36:30 2012 EST Tue Jul 10 02:03:22 2012 EST JN:

51418590

DSC OPERATIVE REPORT

DATE OF CPERATION: 07/09/2012

PREOPERATIVE DIAGNOSES:

1. Right cubital tunnel syndrome.

2. Right ulnar nerve injury at the foresem.

POSTOPERATIVE DIAGNOSES:

1. Right cubital tunnel syndrome.

2. Right winer nerve injury at the forearm.

### PROCEDURES:

Right cubital tunnel release.

2. Right ulner neurolysis at the forearm.

SURGEON: Scott Sagerman, MD.

ASSISTANT: Sam Biafora, MD.

ANESTHESIA: Regional block.

COMPLICATIONS: None.

TOURNIQUET TIME: 1 hour.

FINDINGS: The right cubital tunnel showed thickening of the cubital tunnel ligament with scarring of the ulnar nerve to the floor of the cubital tunnel and local constriction. The nerve also appeared constricted at the flexor pronator aponeurosis at the distal aspect of the cubital tunnel. Also, a thick arcade of Struthers was present proximal to the cubital tunnel, though the ulner nervo was not visibly constricted at this level.

The right forearm, the sits of the previous chainsaw laceration revealed extension to the subcutaneous tissue and fascia overlying the flexor carpi ulnaris muscle. A piece of retained absorbable suture material was present. The muscle fibers were in intact. The ulnar nerve was intact beneath the muscle belly. There was no visible scarring around the ulnar nerve at this lovel.



DESCRIPTION OF PROCEDURE: Informed consent was obtained from the patient. Prophylactic IV antibiotic was given. He received medical clearance from his primary care physician. Regional block anesthetic was administered by the

DULBERG, PAUL 071265382 0001307925 Room#: Scott D Sagarman, MD DSC OPERATIVE REPORT Page 1 of 2 cc: Sam Biafora, MD

Northwest Comm Hosp 7/10/2012 2:28:19 PM PAGE 3/004 Fax Server

DSC OPERATIVE REPORT, continued

NORTHWEST COMMUNITY HOSPITAL ARLINGTON HEIGHTS, ILLINOIS anesthesiologist in the right upper extremity. The right arm was prepped and draped sterilely. A sterile tourniquet was applied to the right upper arm, and it was oldvated tollowing excanguination of the limb.

A longitudinal incision was made over the posteromedial aspect of the right elbow centered at the cubital tunnel. Under loupe magnification, the subcutaneous tissue was dissected. Superficial veins were ligated with bipolar cautery. A branch of the medial antebrachial cutaneous nerve was identified. This was gently retracted safely and protected. The fascia was incised proximal to the cubital tunnel, and the ulnar nerve was visualized. The cubital tunnel ligament was divided and completely released. The flexon pronator appneurosis was also incised and released, and the nerve was dissected distally into the musculature where motor branchos were identified. The release was then carried proximally, and the arcade of Struthers was divided and completely released. The ulnar nerve was inspected. The nerve was mobilized from adhesions with gentle blunt dissection. Nerve gliding was checked and found to be satisfactory. The ulnar nerve was stable at the cubital tunnel. The field was irrigated with antibiotic solution. The subcutaneous tissue was reapproximated with buried Vieryl sutures, and the akin addes were reapproximated with nylon sutures.

Attention was then directed to the forearm scar. A longitudinal incision was made over the ulhar aspect of the mid forearm centered at the site of the scar. Under loupe magnification, the subcutaneous tissue was dissected. The fascia was visualized. Superficial vein was ligated with bipolar cautery. The dermis was elevated off of the scarred fascia with blunt dissection. The retained suture material was removed. The muscle fibers were visualized and found to be in continuity. The ulhar nerve was exposed in the interval between the flexor digitorum and flexor carpi ulharis muscle bellies. The nerve was dissected proximal and distal from the region of the laceration. The nerve was completely intact at this level with no visible scarring or adhesions. The field was irrigated with antibiotic solution. The subcutaneous tissue was reapproximated with hylon sutures, and the skin edges were

A sterile bulky gauze dressing was applied. The tourniquet was deflated. Circulation returned to the right arm with normal capillary refill distally. The patient was transported to recovery in stable condition. He tolerated the procedure well. There were no complications. An arm sling was applied for protection.

DULBERG, PAUL 071265382 0001307925 Room#: Scott D Sagerman, MD DSC OPERATIVE REPORT Page 2 of 2 cc: Sam Biafora, MD Northwest Comm Hosp 7/10/2012 2:26:19 PM PAGE 4/004 Fax Server

DULBERG, PAUI. 071265382 0001307925 Room#: Scott D Sagerman, MD DSC OPERATIVE REPORT Page 2 of 2 co: Sam Biafora, MD

Authenticated and Edited by Scott Sagetman MD On 7/10/12 11:58:39 AM

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PRASANT ATLURI, M.D. SAM J. BIAFORA, M.D.

MICHAEL V. BIRMAN, M.D.

Patient ID:

80330

Patient Name:

PAUL DULBERG

Date of Birth:

03/19/1970

Date of Service:

07/11/2012

### CHART NOTE:

The patient was in the office today for evaluation of the right arm. He is doing Ok. No problems after surgery. His pain is controlled.

PHYSICAL EXAMINATION: The right elbow and forearm incisions are clean. Sutures are in place. Minimal swelling. No drainage. No sign of infection. Circulation and sensation are intact distally.

TREATMENT PLAN: Operative findings were reviewed. Dressing was reapplied. Infection precautions were explained. Activity restrictions were given.

A therapy referral was provided for range-of-motion exercises and edema control measures. A padded elbow sleeve was applied for protection.

Follow up in two weeks for suture removal.

NEXT VISIT: Clinical 7/23/2012. Dr. Sagerman in Vernon Hills office 7/30/2012.

ACTIVITY/WORK STATUS: Off work.

Scott D. Sagerman, MD./all

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PRASANT ATLURI, M.D. SAM J. BIAFORA, M.D.

MICHAEL V. BIRMAN, M.D.

Patient ID:

80330

Patient Name: Date of Birth:

PAUL DULBERG

Date of Birth;

03/19/1970

Date of Service:

07/23/2012

CLINIC NOTE:

The patient was seen for a clinic visit today for evaluation of right forearm/elbow.

The patient states he is doing Ok.

All dressings are removed, and Sterl-strips are applied.

NEXT VISIT: 7/30/2012 with Dr. Sagerman in the Vernon Hills office.

ACTIVITY/WORK STATUS: Off work.

Clinic Staff/all

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PRASANT ATLURI, M.D. SAM J. BIAFORA, M.D.

MICHAEL V. BIRMAN, M.D.

Patient ID:

80330

Patient Name:

PAUL DULBERG

Date of Birth:

03/19/1970

Date of Service:

07/30/2012

### CHART NOTE:

The patient was in the office today for evaluation of the right forearm/elbow. He is doing well. His arm feels better. His hand function has increased, and he feels that his symptoms have improved since the surgery was performed.

PHYSICAL EXAMINATION: The right elbow and forearm incisions are healed. Scarring is stable. There is mild diffuse swelling adjacent to the forearm scar but no erythema, warmth or tenderness. Wrist, elbow and finger motion are satisfactory. Sensation is intact in all distributions. He indicates improved independent finger flexion in comparison to the preoperative function.

TREATMENT PLAN: I reviewed the operative findings. He will continue supervised therapy and home exercises, including light strengthening and scar management. A forearm sleeve will be prescribed for edema control.

Activity restrictions were reviewed. Follow up in one month.

NEXT VISIT: One month.

ACTIVITY/WORK STATUS: Restricted. Limited forceful gripping. No lifting/pushing/pulling. Scott D. Sagerman, MD./all

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PRASANT ATLURI, M.D. SAM J. BIAFORA, M.D.

MICHAEL V. BIRMAN, M.D.

Patient ID:

80330

Patient Name:

PAUL DULBERG

Date of Birth:

03/19/1970

Date of Service:

08/27/2012

### **CHART NOTE:**

The patient was in the office today for evaluation of the right abow. He is doing ok. His elbow is sore. He is participating in therapy. His progress is satisfactory. His grip strength has increased. His hand function has improved.

PHYSICAL EXAMINATION: The right elbow and forearm scars are stable. There is mild tenderness over the forearm scar at the ulnar aspect. There is no sign of infection. Elbow and wrist motion are unrestricted. There is no ulnar nerve sublexation. Intrinsic strength is increased. Sensation is intact in all distributions.

TREATMENT PLAN: The therapy progress report from August 21 2012 was reviewed. Additional therapy was prescribed, including scar management and strengthening. Continued improvement is expected over time.

He may advance activities as tolerated in conjunction with therapy. Follow-up six weeks. Work status is limited forceful gripping and no lifting/pushing/pulling.

NEXT VISIT: Six weeks.

ACTIVITY/WORK STATUS: Restricted. Limited forceful gripping and no lifting/pushing/pulling. Scott D. Sagerman, MD./sid

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PRASANT ATLURI, M.D. SAM J. BIAFORA, M.D.

MICHAEL V. BIRMAN, M.D.

Patient ID:

80330

Patient Name:

**PAUL DULBERG** 

Date of Birth:

03/19/1970

Date of Service:

10/22/2012

### CHART NOTE:

The patient was in the office today for evaluation of the right arm. He is feeling better. His function has improved. He had additional therapy with gains in his strength. The sensation in his fingers has improved. He is pleased that he can now grasp objects better than he did before surgery. He still has some difficulty with certain activities involving gripping and plaching small objects.



PHYSICAL EXAMINATION: The right elbow and forearm scars are stable and nontender. There is no sensitivity at the cubital tunnel. There is no ulnar nerve subluxation. He still has tendemess at the dorsal aspect of the forearm scar but less pain with gripping activities. His maximum grip strength was 112 pounds, according to the most recent therapy measurement.

TREATMENT PLAN: The patient will continue home exercises as previously directed by the therapist. He may advance activities with use of his right arm as tolerated. Continued improvement in strength is expected over time.

We discussed his work activities. He is currently unemployed and plans to pursue disability.

NEXT VISIT: Six weeks.

ACTIVITY/WORK STATUS: Restricted. Limited forceful gripping. Limited lifting/pushing/pulling. Scott D. Sagerman, MD./all

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SPECIALISTS IN THE SHOULDER, ELBONY WRIST AND HAND

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PRASANT ATLURI, M.D. SAM J. BIAFORA, M.D.

MICHAEL V. BIRMAN, M.D.

Patient ID:

80330

Patient Name:

PAUL DULBERG

Date of Birth:

03/19/1970

Date of Service:

12/03/2012

### CHART NOTE:

The patient was in the office today for evaluation of his right hand. He still has some weakness in his pinch strength and difficulty grasping objects. He is performing home exercises.

He also reports a recent onset of left elbow symptoms with no preceding trauma.

PHYSICAL EXAMINATION: Examination of the right elbow and forearm scars are stable with no tendemess or sensitivity. Finger motion is normal. There is slight weakness in key pinch. Sensation is intact in all distributions.

The left ellow shows tenderness at the lateral epicondyle. Range of motion is guarded. There is pain at the end range of extension and pain is reproduced with resisted wrist extension. There is no effusion or bursitis. The posteromedial scar is stable. There is no joint crepitus.

X-RAY EXAMINATION: Multiple views of the left elbow today are negative.

IMPRESSION: Left lateral epicondylitis.

TREATMENT PLAN: I explained the diagnosis and treatment options. The etiology of the condition was discussed. A therapy referral is given for epicondylitis protocol. Activity modifications were explained. He will continue home exercises for the right hand for strengthening.

Follow-up 4-6 weeks. Work status is limited forceful gripping; limited lifting/pushing/pulling.

NEXT VISIT: 4-6 weeks.

ACTIVITY/WORK STATUS: Restricted. Umited forceful gripping; limited lifting/pushing/pulling. Scott D. Sagerman, MD./sld

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MICHAEL V. BIRMAN, M.D.

Patient ID:

80330

Patient Name:

PAUL DULBERG

Date of Birth:

03/19/1970

Date of Service:

01/14/2013

#### CHART NOTE:

The patient was in the office today for evaluation of the left arm. He is doing ok. He is participating in therapy. His symptoms have improved.

PHYSICAL EXAMINATION: Examination of the left elbow shows tenderness at the lateral epicondyle which is improved. Range of motion is improved. There is slight pain with resisted wrist extension. There is no crepitus. The skin is intact.

TREATMENT PLAN: He will continue therapy and home exercises for epicondylitis protocol. Activity modifications reviewed. A counterforce forearm brace may also be tried in conjunction with the therapy program.

Follow-up one month. Work status is limited forceful gripping; limited lifting/pushing/pulling.

NEXT VISIT: One month.

ACTIVITY/WORK STATUS: Restricted. Limited forceful gripping; limited lifting/pushing/pulling. Scott D. Sagerman, MD./sld

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MICHAEL V. BIRMAN, M.D.

PRASANT ATLURI, M.D.

SAM J. BIAFORA, M.D. AJAY K. BALARAM, M.D.

Patient ID:

80330

Patient Name: Date of Birth:

PAUL DULBERG

Date of Service:

03/19/1970

oate of Service:

03/25/2013

#### CHART NOTE:

The patient was in the office today for evaluation of left elbow. He is doing well. His elbow feels better following therapy.

He has intermittent soreness in his right forearm area.

PHYSICAL EXAMINATION: The left elbow shows minimal tendemess at the lateral epicondyle. The skin is intact. Range of motion is full. There is slight pain with resisted wrist extension. There is no weakness.

The right forearm scar is stable. There is mild sensitivity at the most ulnur aspect.

TREATMENT PLAN: He will continue therapy and home exercises for the left elbow epicondylitis protocol. Continued improvement is expected over time. It does not appear that any invasive breatment is needed.

For the right forearm scar, a padded elbow sleeve was provided for protection.

He may return for follow up on an as-needed basis if symptoms worsen.

NEXT VISIT: PRN,

ACTIVITY/WORK STATUS: Restricted. Limited forceful gripping. Limited lifting/pushing/pulling. Scott D. Sagerman, MD./all

PHONE: 647-956-0099 FAX: 847-956-0433
\$15 W. ALGONQUIN ROAD, SUITE 120 ARLINGTON HEIGHTS, IL 60005
ALSIP BOLINGBROOK CHICAGO COUNTRYSIDE
EMHURST GLENVIEW OAKLAWN VERNON HILLS

# History & Physical Report #1

Paul Dulberg
7/8/2013 10:39 AM
Location: VH Office
Patient #: 80330
DOB: 3/19/1970
Undefined /Language: English /Race: Undefined
Male

History of Present I Rness (Kim E Brandon, RT; 7/8/2013 10:44 AM)

The patient is a 43 year old male who presents for an evaluation of elbow pain. The pain is located in the left elbow. The onset of the elbow pain has been gradual and has been occurring for months. The course has been worsening. There are no relieving factors. Previous evaluations / treatments include: occupational therapy.

Allergies (Kim E Brandon, RT; 7/8/2013 10:40 AM)

No Known Drug Allergies. 07/08/2013

Family History (Kim E Brandon, RT; 7/8/2013 3:34 PM)
Cancer
Diabetes Mellitus

Social History (Kim E Brandon, RT; 7/8/2013 3:34 PM)

Hand Dominance. Right Handed.

Current Occupation. not working

Alcohol use. 07/08/2013: does not drink alcoholic beverages

Diabetic Diet. 07/08/2013: no

Tilicit drug use. 07/08/2013: no

Tobacco use. 07/08/2013: Current every day smoker: 0.5 pack per day; Smoker for 20 years

Medication History (Kim E Brandon, RT; 7/8/2013 10:40 AM)
Naproxen DR ( Oral) Specific dose unknown - Active.

Other Problems (Kim E Brandon, RT; 7/8/2013 3:34 PM)
Chronic or past head / neck disorders
Depression
Head Injury
Neurological disorder
Pneumonia

Review of Systems (Kim E Brandon, RT; 7/8/2013 3:34 PM)

General: Present- Chronic pain. Not Present- Fatigue, Fever, Night Sweats, Rapid weight loss or gain and Varicosa veins / leg swelling.

HEENT: Not Present- Headache, Blindness / vision problems, Wears glasses/contact lenses, Hearing Loss, Ringing in the Ears and Dentures.

Respiratory: Not Present- Chronic Cough, Home oxygen use, Shortness of breath while resting, Shortness of breath from exertion and Breast: Not Present- Breast Mass.

Cardiovascular: Not Present- Difficulty Breathing Lying Down, Legiciamps from exertion, Palpitations and Swollen ankles.

Gastrointestinal: Not Present- Abdominal Pain, Constipation, Diarrhea, Frequent nausea / vomiting, Hearthurn and Stomach lukers.

Male Genitourinary: Not Present- Blood in Urine, Bladder control problems, Chronic or past urinary disorders, Painful Urination and Recurrent bladder / kidney infections.

Musculoskelatal: Not Present- Back Pain Fractures Joint Pain Joint Swalling and Muscla Cramps

Muscu loskeletal: Not Present- Back Pain, Fractures, Joint Pain, Joint Swelling and Muscle Cramps.

Neurological: Present- Numbness or tingling and Weakness In Extremities. Not Present- Blackout spells, Dizziness and Memory lapses.

Hematology: Not Present- Abnormal Bleeding, Easy Bruising and Excessive bleeding.

Vitals (Kim E Brandon, RT; 7/8/2013 10:42 AM)

7/8/2013 10:42 AM

Weight: 165 b Height: 69 in

Body Surface Area: 1.91 m<sup>2</sup> Body Mass Index: 24.37 kg/m<sup>2</sup>

Physical Exam (Scott D Sagerman, MD; 7/8/2013 10:52 AM)

The physical exam findings are as follows:

Note: Left eibow slight tenderness over the lateral epicondyle. Skin intact. Range of motion full. Slight pain with resisted wrist extension.

Assessment & Plan (Kim E Brandon, RT; 7/8/2013 3:35 PM)

| 1<br> <br> | rrent Plans Treatment options explained Patient provided with referral for Occupational Therapy Intermediate Joint (Wrist / Eibow) Injection / Aspiration (20605) PROCEDURE / INJECTION                                                                                                                       |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|            | PROCEDURE; STEROID INJECTION                                                                                                                                                                                                                                                                                  |
|            | SITE: left elbow                                                                                                                                                                                                                                                                                              |
|            | Treatment options were reviewed. Explained risks, benefits, expectations, and possible side effects of steroid injection. The patient elected proceed.                                                                                                                                                        |
|            | A Betadine and/or alcohol prep was performed. Precautions following the injection were explained. The patient tolerated the procedure well 1% Lifocaine HCI Injection, USP (J3490) (3 Units) Decamethasone Sodium Phosphate Injection, USP (4mg/mL) (31100) Follow up in 6 weeks Return to Work Date: _7-8-13 |
|            | Work status discussed with patient and written statement was provided.                                                                                                                                                                                                                                        |
|            | [ x ] Unrestricted [ ] Restricted Therapy: [ ] Yes [ ] No                                                                                                                                                                                                                                                     |
|            | [] Keep wound clean & dry [] No overhead use [] No lifting / pushing / pulling [] No use of affected hand / arm [] Limited overhead use [] Limited lifting / pushing / pulling # [] Wear Splint / Sting / Cast [] No forceful gripping [] No gym / sports [] Sedentary [] Limited forceful gripping           |
|            | [ ] Other:                                                                                                                                                                                                                                                                                                    |
|            |                                                                                                                                                                                                                                                                                                               |

Signed electronically by Scott D Sagerman, MD (7/12/2013 10:59 AM)

### **Procedures**

Irrtennediate Joint (Wrist / Elbow) Injection / Aspiration (20605) Performed: 07/08/2013 (Ordered) 1% Lidocaine HCl Injection, USP (J3490) (3 Units) Performed: 07/08/2013 (Ordered) Dexamethasone Sodium Phosphate Injection, USP (4mg/ml) (31100) Performed: 07/08/2013 (Ordered)

# History & Physical Report #2

Paul Dulberg
8/26/2013 10:57 AM
Location: VH Office
Patient #: 80330
DOB: 3/19/1970
Undefined / Language: English / Race: Undefined
Male

History of Present Illness (Scott D Sagerman, MD; 8/29/2013 5:01 PM)

The patient is a 43 year old male presenting for a follow up visit. The patient is improving (Still complains of intermittent right forearm muscle cramping).

Physical Exam (Scott D Sagerman, MD; 8/26/2013 11:15 AM)

The physical exam findings are as follows:

Note: left allow shows the tenderness in the lateral condyle region. Skin is intact. Range of motion full. No pain with resisted wrist extension. No right forearm scar is stable with no focal tenderness or sensitivity. He describes intermittent muscle spasms with the discomfort despite

Return to Work Date: \_08/26/13

Follow up as needed

Assessment & Plan (Scott D Sagerman, MD; 8/29/2013 5:00 PM)

Lateral Epicondylitis (Tennis Elbow) (726.32)

Story: Left
Current Plans

I Treatment options explained
I Therapy notes reviewed / discussed with patient
Patient instructed to continue home exercise program. When morning stiffness has resolved, then home exercises may be discontinued.

Activity restrictions discussed

Work status discussed with patient and written statement was provided.

[ xx ] Unrestricted [ ] Restricted Therapy: [ ] Yes [ ] No

[ ] Keep wound clean & dry [ ] No overhead use [ ] No lifting / pushing / pulling | No use of affected hand / arm [ ] Limited overhead use | Limited lifting / pushing / pulling # | Wear Splint / Sing / Cast [ ] No forceful gripping [ ] No gym / sports | Sedentary [ ] Limited forceful gripping

[]Other:

PAIN IN JOINT, FOREARM / ELBOW (719.43)
Story: right
Current Plans
Referral to Neurology, Dr Kathleen Kujawa

Note: the patient's neurologist suspects possible dysionia. Referral suggested for evaluation and medical treatment. Discussed with Dr. Levin.

Signed electronically by Scott D Sagerman, MD (8/29/2013 5:01 PM)

Light gast of the

... From: DAMRI of Round Lake 8475463600 8475463633

To: LEVIN KAREN

Page: 2/3

Date: 2/3/2012 11:44:25 AM



PATIENT: DULBERG, PAUL

MIRN:

1585839

DOB:

03/19/1970

PHYSICIAN: LEVIN, MD, KAREN

EXAM: MR FOREARM W/ AND

W/O 73220

DOS: 02/03/2012

EXAMINATION: MRI examination of the right forcarm without and with intravenous contrast infusion...

CLINICAL HISTORY: History of right forearm traums with a chainsaw. Possible neuroma, nerve impingement or injury in the forearm. Possible tendon disruption. It appears that the patient had some difficulty holding still during image acquisition. There is motion artifact on this examination. Weakness in the fourth and fifth fingers. Pain in the forearm and hand.

TECHNIQUE: Multiplanar T1 and T2-weighted spin-echo pulse sequences and STIR sequence. Post-infusion multiplanar T1-weighted sequences were performed. A skin marker was taped to the point of maximal symptoms.

Contrast: 15 cc of gadolinium was infused.

FINDINGS: There is no bone abnormality seen. The bone marrow signal characteristics are normal.

There is no cystic or solid mass appreciated. The visualized muscles have normal signal characteristics.

There is no abnormal soft tissue infiltration or induration. Specifically, in the area of the skin marker which is marking the point of maximal symptoms, there is no soft tissue abnormality appreciated.

There is no abnormality identified along the course of the ulnar nerve in the forearm.

IMPRESSION: There is no forearm abnormality appreciated. This does not exclude the possibility of an ulnar nerve impingement or injury but there is no gross mass or abnormal infiltration along the expected course of the ulnar nerve. No obvious tenden or muscle abnormality appreciated at this time.

Thank you for referring your patient to Open Advanced MRI. If you have any questions, Dr. Levin, please feel free to contact me at my direct line which is: 630.885.2100.

720 Rollins Road Round Lake Seach, IL 60073 Phone: 847-548-3600 Fax: 847-548-3633 www.openadvancedmiri.com

If there are any questions about this fax or you are not the intended recipient. Please call 1-888-674-4674,



rom: OAMRI of Round Lake 8475463600.8475463633

To: LEVIN KAREN

`Page: 5/3

Date: 2/5/2012 11:44:25 AM



DULBERG, PAUL MR FOREARM W/ AND W/O 73220 02/03/2012

Page 2 of 2

Thank you for referring your putient to Open Advanced MRI of Round Lake.

Moun & Medy an

Electronically Signed By: THOMAS A. PREDEY MD

To the referring or consulting physician: if you would like to discuss this case in more detail or have any questions, please feel free to contact the author of this report:

Dr. lan Fisher (847) 414-5055, Dr. Jay Korach (847) 691-7673

720 Rollins Road Round Lake Beach, IL 60073 Phono: 847 546-3600 Fax: 847-546-3633 www.openadvancedimn.com

If there are any questions about this fax or you are not the intended recipient. Please call 1-888-674-4674.



# associated ineurology, S.C.

MITCHELL S. GROEMAN, M.D. KAREN F. LEVIN, M.D.

July 28, 2011

Mr. Hans Mast 3416 W. Eim Street McHenry, IL 60050

RE: Paul Dulberg

Dear Mr. Mast.

Mr. Dulberg was previously seen by my associate, Dr. Mitchell Grobman, in 2002 for left ulner reuropathy, and had surgery and essentially became asymptomatic by 2007 and who had never had difficulty in his right arm. Approximately a month prior to the evaluation, he had been holding a branch for a neighbor when the chainsaw came up and cut his right foresrm. He was taken to Northern Illinois Medical Center where they put in inner stitches in the muscle and outer stitches. He originally had very significant pain, but as the pain was getting better, he started noticing that he had mumbress in his fifth digit in the inner aspect of his forearm. He had not been dropping things. It was mostly just a tingling and a mumb feeling. He denies ever having any right-sided symptoms or rightsided injuries. His examination was significant for a healing scar in the right forearm and for decreased light touch, pinprick, and temperature sensation in the ulnur distribution of the right arm. His strength was normal. Given the distribution, it was felt that this was a branch neuropathy to the sensory nerves. I did have him undergo nerve conductions to make sure that the median and ulnur nerves were all without involvement and they were. I recommended that he see a hand surgeon as well just to be certain that there were no other treatment options for him; however, most likely this was just a sensory branch neuropathy that may improve or may result in permusent numbress in the distribution that he was showing numbress. Mr. Dulberg should followup if any additional symptoms develop or if he wished to try any neuropathic paintreatment if it became painful and not

Sincerely,

Karen F. Levin, M.D.

KFL/klm

1900 Hollette Drive, Suite 250, Lebestyville, IL 60048 Phone (847) 549-0055 • Fax (847) 549-0404

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E-b 27 2012 10:1488 RSSOC#NEUROLOGY

08/28/2013 08:53 PAX 18478580433 AUG-28-2018 MON 09:26 AM

Hand Surgery Associates

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| Patient: YOLA De O'Lan-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| Hernber of chito to date: 7/28/13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| XXXX LAREY, VS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Revised functional goals:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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08/25/2013 NUN 8:54 AM (TX/RX NO 6851) @ 9003

08/26/2013 08:51 FAX 18479560433 AUG-28-2013 MON 09:28 AM

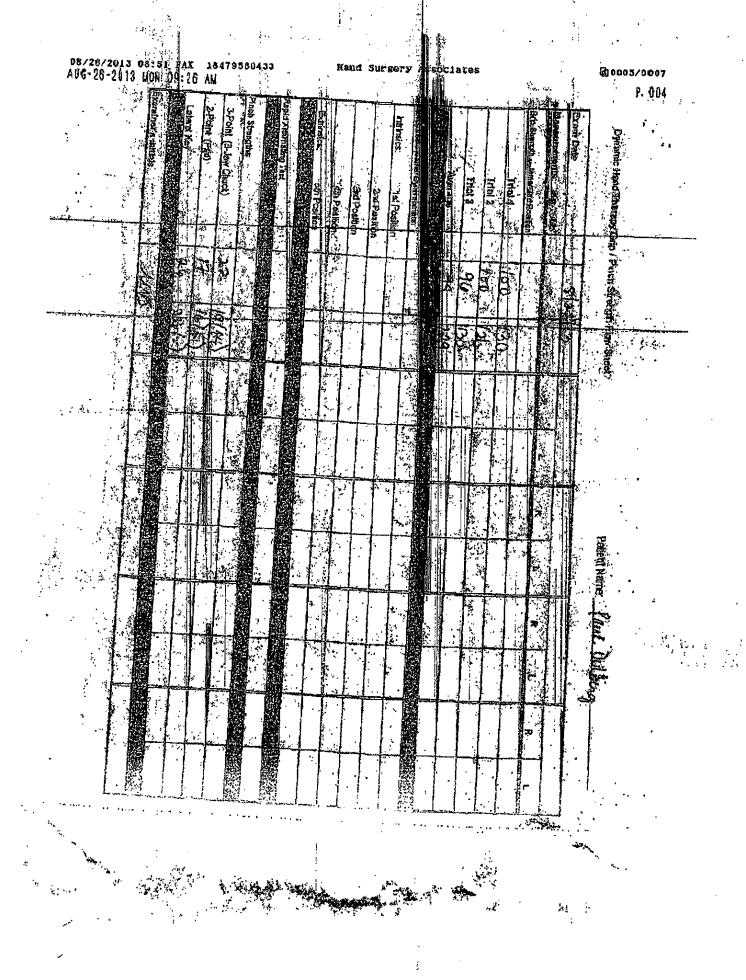
Hand Surgery Associates

@ 0004/0087

P. 003

| Assessmentitherapist impression: If he to grasp bulletingly be reported for the form of per MT inder. | restrade some considerants, but has also represents to "housing week days today" who make instructs                                               | ž                                            |
|-------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Skilled therapy needed for: I progression  I other:                                                   | on of exercise    ☐ continued need for manual therapy                                                                                             |                                              |
| PLAN:  Modalities:  Exercises:                                                                        | per MD order.                                                                                                                                     | Santifelining groups                         |
| Splinting: Other:                                                                                     |                                                                                                                                                   | •<br>- , , , , , , , , , , , , , , , , , , , |
| Representation Potential: Clearellest C good                                                          | Week for weeks or additional visits***                                                                                                            | •                                            |
| Additional requests/contents:                                                                         |                                                                                                                                                   |                                              |
| MARKA                                                                                                 | Grollham,                                                                                                                                         |                                              |
| Therepist Signature                                                                                   | "Physicianis Signature ion RX. date "Physicianis Signature ion RX. date "The six will be provided trappopulate Fun this page back to 847-587-3346 | 3.                                           |

08/26/2013 MON B:54 AM [TX/RX NO 0851] 2 0904



08/26/2015 05:51 FAX 18470560433 AUG-28-2013 MCN 09:26 AM

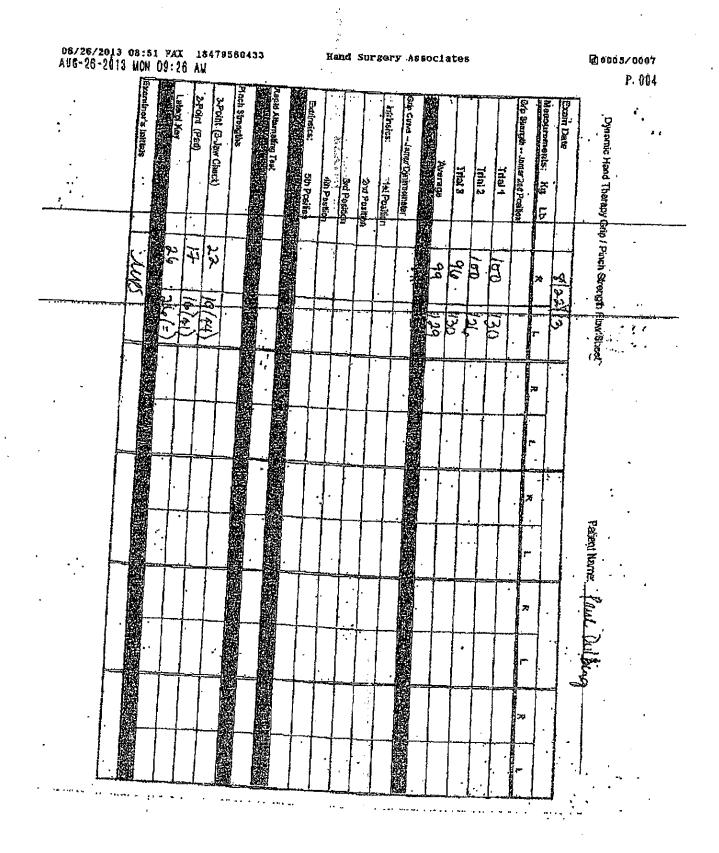
Hand Surgery Associates

@0004/8007 7. 0C3

|                                                     | Parient Pare Del berg Date: 8/22/13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| —J⊂ AROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | SLECTRICAL STIM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| PROMSTRETCHING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FLURDOTHERAPY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| STRENGTHENING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | PARAFFIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 8TE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| EDEMA CONTROL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | LUE COUNTY PACKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| SÇAR MGMT/MOBIL IZATIKAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | BIOFEEOBACK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| DESENSITIZATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SPLINTING: _STATIC _DYNAMIC SPECIAL THERADY INSTRUMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| PREVENTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SERIAL STATIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | - HAND BASED THUMB CMC 010 CC11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| WOUND CARE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SPLINTS ALTERNATIVES (V / F ) (///                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| WHIRLPOOL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | TO:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| REQUENCY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | that the cont                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| DRESSING CHANGES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | WORK READINESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| TABE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | A HOUSE DE LOUIS DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DEL CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTI |
| rneu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| IGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| MICHAEL ( VENDER L' 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | New York                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| SCOTT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | O. SAGERMAN, M.O. PRABANT ATLURI, M.O. SAN J. BIAFORA, M.D. MIGHAEL V. BIRMAN, M.D. SIGNATURE OF M.O. CONSTITUTES MEDICAL NECESSITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SIGNATURE OF M.O. CONSTITUTES MEDICAL NECESSITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

Mar 13 2012 11:00AM RESOCTNEUROLOGY

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Associated Neurology, S.C.

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MITCHELL S. GROBMAN, M.D. KAREN F. LEVIN, M.D.

|  |  | REPORT |
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|  |  |        |
|  |  |        |
|  |  |        |

Name: Dulberg, Paul. Test No.: 12-0305 Date of Exam: 13 Mar 12

Consulting Doctor: Scott Sagerman, M.D.

| Moe | e North | Cò | duction: |
|-----|---------|----|----------|
|     |         |    |          |

|   | Nerve and Site. Latence                                    | y Amplitude | Segment                                    | Latency<br>Difference | Distrace           | Corduction<br>Vehicity |
|---|------------------------------------------------------------|-------------|--------------------------------------------|-----------------------|--------------------|------------------------|
| • | biledium R<br>Wrist 3,9 cm<br>EDOW 8.3 cm                  |             | Waist-Elbory                               | 4.4 ms                | 240 isan           | 55 m/s -               |
|   | Ultar H Wrist 3.0 ms Below cloow 6.7 ms Above cloow 8.4 ms | . 11.4 шv   | Wilst-Delow chow<br>Eclow ethow Above chow | 3.7 ms<br>1.7 ms      | . 220 mm<br>100 mm | 59 m/s<br>59 m/s       |

#### F-Wave Studies:

| Selection . |     |         | <br>M-Latency | R-Lintency |
|-------------|-----|---------|---------------|------------|
| Median R .  | . ; | · .     | <br>3.9 nz    | 29.6 ms    |
| Cluge, H    |     | . • • • | 3.3 pm        | 28.7 me    |

#### Sensory Nerve Conduction:

| Nexus and Silv                      | Onest I    | Peak Ampilonds<br>Missis | Segment                       | Lafonsy<br>Difference | Distance | Conduction<br>Velocity |
|-------------------------------------|------------|--------------------------|-------------------------------|-----------------------|----------|------------------------|
| Median R<br>Digit II (index finger) | 2.4 ma - 3 | 3,7 mm 21. µV            | Wrist Digit II (index finger) | 2.4 🗪                 | 130 mm   | 53 m/s                 |
| Ulner R<br>Digit V (linic finger)   | 2.0 ms 2   | 2.7 ms 28 μV             | Wrist Digit V (little finger) | 2.0 ms                | 110 san  | 55 m/s                 |

| Needle RMG Examination:              |   |   |   | Speniesenns and Volitional Activity   |
|--------------------------------------|---|---|---|---------------------------------------|
| Minacle                              | , |   |   | Pibe +Warse Past's Poly Aung Dur      |
| Fleixer copplerations it             |   | • |   | None None None Ness Normal Normal     |
| Please emplishenia R                 |   |   |   | None Name None None Mornel Normal     |
| Extense in Equipment R               |   |   |   | None None None None Normal Normal     |
| lat dornal informacour. H            |   |   |   | Nouse Piene Piene House Mount Natural |
| Abductor Wight priming (primital) it |   | • | • | None None None None Nermal Named      |
| Abductor politica bayvia, R.         |   |   |   | None None Wone Home Mornal Normal     |
|                                      |   |   |   |                                       |

Interpretation: NCV Motor Right median and ultrar motor responses are within normal limits. F-wave: Right median and ultrar fewaves are within normal limits. Sensory: Right median and ultrar responses are within normal limits.

EMG: No denervation potentials are seen.

Conclusions

No electrophysiologic evidence of focal or diffuse peripheral neuropathy

Karen F. Levin, M.D.

1900 HOLLISTER DERVE, STATE 230, LIBERTYVILLE, IL 60042 THORE (847) 349-1055 - FAN (947) 549-0464

# Associated Neurology,

MITCHELL S. GROBMAN, M.D. KAREN F. LEVIN, M.D.

Name: Dulberg, Paul

Test No : 11-0802

Date of Exam: 10 Aug 1

Motor Nerve Conduction:

| Norve and Site                               |   | Lettercy                       | Amplitude                    | Segment                        | <br>٠. | Latency .<br>Difference | Distance   | Confluction<br>Velocity |
|----------------------------------------------|---|--------------------------------|------------------------------|--------------------------------|--------|-------------------------|------------|-------------------------|
| Median.R<br>Work<br>Elbow                    |   | 3.9 mc<br>8.8 ms               | 9.1 mV<br>6.1 mV             | Wriet-Hibory                   | `.•    | 4.9 ma                  | 255 ença . | 52 m/s                  |
| Musik<br>Wrist<br>Relow cibow<br>Above elbow | • | <br>2.9 cm<br>6.2 cm<br>7.7 cm | 10.7 mV<br>19.1 mV<br>9.5 mV | Wrist-Below a<br>Below elbow - |        | 3.9 ma<br>1.5 ma        | 180 cm.    | 55 m/s<br>67 m/s        |

| Nervo    |    |   | , | : | M-Lattory | F-Later cy |
|----------|----|---|---|---|-----------|------------|
| Median R | ٠. | • |   |   | 3.8 ա     | 30.9 ms    |
| That'R   | •  |   |   |   | 2.9 ms    | 27.3 ms    |

### Sensory Nerve Conduction:

| Nerve and Site                                                     | Onset<br>Latency | Pénk<br>Latency | Amplitude Segm | ent                                              | Latency<br>Difference | Distance | Conduction<br>Vilocity |
|--------------------------------------------------------------------|------------------|-----------------|----------------|--------------------------------------------------|-----------------------|----------|------------------------|
| Medium R<br>Digit II (index fing<br>Uman R<br>Digit V (ititle fing | 2.3 ms           | 2,9 ms          |                | Digit II (index finger)  Digit V (little finger) | 2.3 m · 2.0 tos       | 130 mm   | 57 mAr<br>55 m/s       |

Interpretation: NCV: Motor: Right median and ulnar motor responses are within normal limits. F-wave: Right median and ulnur f-waves are within normal limits. Sensory: Right median and ulnar responses are within normal limits.

Conclusions: No electrophysiologic evidence of diffuse actropathy

Karen F. Levin, M.D.

PHONE (\$47) 349-0055 \* BACK (887) 549-0404

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ESP SA SOIS TO: THEM BEROCHMENBOLDEY

| DYNAMIC HAND THERAPY  Re-Evaluation of Progress, Goals and Plan of Cure  29-13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Patient: Paul Dulberg Physicien: D. Sagerman Date: 4-22-13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| Diagnosis: D Laters   Epicoadylitis   Dece of Injury: 11/12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| Surgical Hx; Date Procedure Start of Care;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| Number of visits to date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| SUBJECTIVE: Pain:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| Details: Only using Splint now "after I hart it", Rin spiker Equick supmotion nevertes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| Nanction/ADL's: Improvements: Opening Potato chap brigs, Jing pair & most activities, lifting 1/2 gallon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| Continued difficulties: Opening a popular, opening tight constainers, resealing bags                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| making bread, litting full pots apart                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| OBJECTIVE: N/A Wound/Scar: N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| See flow sheet for:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| © Ederna: MT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| SUBJECTIVE:  Pain: 1/10 at rest/best 3-4/10 with activity/at worst 2 Spicker up to 6/10  Details: Only using Splint man "after thurt it", But spiker 2 quick supmotion movements ranction/ADL's: Improvements: Opening potentia chap longs, 4 ing pain 2 most activities, lifting 1/2 gallan  Continued difficulties: Opening a yagust, opening tright constances, rescaling longs  making longed lifting Call pair a pain.  OBJECTIVE: Wound/Sea: N/A  See flow sheet for:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
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| in Strength: Ograp T'd 16#, D30+ T'd2#, D2p+T'd32, D Lat porich T'd 2#                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
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| Paties                                          | n: Paul Dulberg Date 4-22-13         |
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| While controlling to HEP & for                  | ouls be it coolly for discharge      |
| at this time                                    |                                      |
| Skilled therapy needed for:   progression of ex |                                      |
| O other: D/C O:                                 |                                      |
| PLAN:                                           |                                      |
| Modalities:                                     |                                      |
| Exercise:                                       |                                      |
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| Other:                                          |                                      |
| Rehabilitation Potential: O excellent X good O  | fair B guarded Dother                |
| ***Frequency/Duration: times/week               | for weeks or additional visits***    |
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| Additional requests/concerns:                   |                                      |
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| Au                                              | <u> </u>                             |
| New mode or RIL                                 | Hogen 4/23/13                        |
| Therapist Signature                             | Physician's Signature date           |

Fax this page back to \$47-587-3346

APR-22-2018 MON 32:16 PV

|   | Exambar's initals : | Lacation (A) | 2-70[II (F60) | 3-Point (3-Jaw Chuck) | Pinch Strengths |      | Alformation To                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Estingics: 1th Position | 4th Position | 3rd Position | 2nd Position | Inhinsics: 1st Position | Sito Curve - 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### **Encounters**

Encounter 2 Date 08/26/2013 Diagnosis Lateral Epicondylitis (Tennis Elbow) (726.32), PAIN IN JOINT, FOREARM / ELBOW (719.43)

Encounter 1 Date 07/08/2013 Diagnosis Lateral Epicondylitis (Tennis Elbow) (726.32)

### History & Physical Report #2

Paul Dulberg
8/26/2013 10:57 AM
Location: VH Office
Patient #: 80330
DOB: 3/19/1970
Undefined / Language: English / Race: Undefined
Male

History of Present Illness (Scott D Sagerman, MD; 8/29/2013 5:01 PM)

The patient is a 43 year old male presenting for a follow up visit. The patient is improving (Still complains of intermittent right forearm muscle cramping).

Physical Exam (Scott D Sagerman, MD; 8/26/2013 11:15 AM)
The physical exam findings are as follows:
Note: left elbow shows the tenderness in the lateral condyle region. Skin is intact. Range of motion full. No pain with resisted wrist extension. No joint crepitus.
right forearm scar is stable with no focal tenderness or sensitivity. He describes intermittent muscle spasms with the discomfort despite

Medication.

Assessment & Plan (Scott D Sagerman, MD; 8/29/2013 5:00 PM)

Lateral Epicondylitis (Tennis Elbow) (726.32) **Story:** Left

Current Plans

Treatment options explained
Therapy notes reviewed / discussed with patient
Patient instructed to continue home exercise program. When morning stiffness has resolved, then home exercises may be discontinued.
Activity restrictions discussed
Follow up as needed
Return to Work Date: \_08/26/13\_\_\_\_\_\_

Work status discussed with patient and written statement was provided.

[ ] Other:

PAIN IN JOINT, FOREARM / ELBOW (719.43)
Story: right
Current Plans
I Referral to Neurology, Dr Kathleen Kujawa

Note: the patient's neurologist suspects possible dystonia. Referral suggested for evaluation and medical treatment. Discussed with Dr. Levin.

Suddom

Signed electronically by Scott D Sagerman, MD (8/29/2013 5:01 PM)

### History & Physical Report #1

Paul Dulberg 7/8/2013 10:39 AM Location: VH Office Patient #: 80330 DOB: 3/19/1970 Undefined / Language: English / Race: Undefined

History of Present Illness (Kim E Brandon, RT; 7/8/2013 10:44 AM)

The patient is a 43 year old male who presents for an evaluation of elbow pain. The pain is located in the left elbow. The onset of the elbow pain has been gradual and has been occurring for months. The course has been worsening. There are no relieving factors. Previous evaluations / treatments include : occupational therapy.

Allergies (Kim E Brandon, RT; 7/8/2013 10:40 AM) No Known Drug Allergies, 07/08/2013

Family History (Kim E Brandon, RT; 7/8/2013 3:34 PM) Diabetes Mellitus

Soci al History (Kim E Brandon, RT; 7/8/2013 3:34 PM) Harnd Dominance. Right Handed. Current Occupation. not working
Alcohol use. 07/08/2013: does not drink alcoholic beverages
Diabetic Diet. 07/08/2013: no
Illicit drug use. 07/08/2013: no Tob acco use. 07/08/2013: Current every day smoker: 0.5 pack per day; Smoker for 20 years

Med ication History (Kim E Brandon, RT; 7/8/2013 10:40 AM) Nap roxen DR (Oral) Specific dose unknown - Active.

Other Problems (Kim E Brandon, RT; 7/8/2013 3:34 PM) Chronic or past head / neck disorders Depression Head Injury Ne u rological disorder Pne umonia

Review of Systems (Kim E Brandon, RT; 7/8/2013 3:34 PM)

Gerneral: Present- Chronic pain. Not Present- Fatigue, Fever, Night Sweats, Rapid weight loss or gain and Varicose veins / leg swelling. HEENT: Not Present- Headache, Blindness / vision problems, Wears glasses/contact lenses, Hearing Loss, Ringing in the Ears and Dentures. Respiratory: Not Present- Chronic Cough, Home oxygen use, Shortness of breath while resting, Shortness of breath from exertion and Wheezing.

Breast: Not Present-Breast Mass.

Gardiovascular: Not Present- Difficulty Breathing Lying Down, Leg cramps from exertion, Palpitations and Swollen ankles.

Gastrointestinal: Not Present- Abdominal Pain, Constipation, Diarrhea, Frequent nausea / vomiting, Heartburn and Stomach ulcers.

Male Genitourinary: Not Present- Blood in Urine, Bladder control problems, Chronic or past urinary disorders, Painful Urination and Recurrent bladder / kidney infections.

Musculoskeletal: Not Present- Back Pain, Fractures, Joint Pain, Joint Swelling and Muscle Cramps.

Neurological: Present- Numbness or tingling and Weakness In Extremities. Not Present- Blackout spells, Dizziness and Memory lapses.

Hernatology: Not Present- Abnormal Bleeding, Easy Bruising and Excessive bleeding.

Vitals (Kim E Brandon, RT; 7/8/2013 10:42 AM)

7/8/2013 10:42 AM Weight: 165 b Height: 69 in

Bocly Surface Area: 1.91 m<sup>2</sup> Body Mass Index: 24.37 kg/m<sup>2</sup>

Physical Exam (Scott D Sagerman, MD; 7/8/2013 10:52 AM)

The physical exam findings are as follows:

Note: Left elbow slight tenderness over the lateral epicondyle. Skin intact. Range of motion full. Slight pain with resisted wrist extension.

Assessment & Plan (Kim E Brandon, RT; 7/8/2013 3:35 PM)

| u | eral Epicondylitis (Tennis Elbow) (726.32) Frent Plans Treatment options explained Patient provided with referral for Occupational Therapy Intermediate Joint (Wrist / Elbow) Injection / Aspiration (20605) PROCEDURE / INJECTION                                                                                                                                                                                                                        |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|   | PROCEDURE: STEROID INJECTION                                                                                                                                                                                                                                                                                                                                                                                                                              |
|   | SITE: left elbow                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|   | Treatment options were reviewed. Explained risks, benefits, expectations, and possible side effects of steroid injection. The patient elected a proceed.                                                                                                                                                                                                                                                                                                  |
|   | A Betadine and/or alcohol prep was performed. Precautions following the injection were explained. The patient tolerated the procedure well Following the procedure there were no complaints. The patient was instructed to contact the office if any adverse reactions were noted.  1% Lidocaine HCI Injection, USP (33490) (3 Units)  Dexamethasone Sodium Phosphate Injection, USP (4mg/mL) (31100)  Follow up in 6 weeks  Return to Work Date: _7-8-13 |
|   | Work status discussed with patient and written statement was provided.                                                                                                                                                                                                                                                                                                                                                                                    |
|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|   | Keep wound clean & dry [] No overhead use [] No lifting / pushing / pulling No use of affected hand / arm [] Limited overhead use Limited lifting / pushing / pulling# Wear Splint / Sling / Cast [] No forceful gripping [] No gym / sports Sedentary [] Limited forceful gripping                                                                                                                                                                       |
|   | [ ] Other:                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

form of

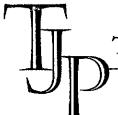
### **Procedures**

Intermediate Joint (Wrist / Elbow) Injection / Aspiration (20605) Performed: 07/08/2013 (Ordered)

1% Lidocaine HCl Injection, USP (33490) (3 Units) Performed: 07/08/2013 (Ordered)

Dexamethasone Sodium Phosphate Injection, USP (4mg/mL) (31100) Performed: 07/08/2013 (Ordered)

Signed electronically by Scott D Sagerman, MD (7/12/2013 10:59 AM)



# The Law Offices of Thomas J. Popovich P.C.

3416 W. ELM STREET

McHenry, Illinois 60050

Telephone: 815.344.3797

FACSIMILE: 815.344.5280

www.popovichlaw.com

MARK J. VOGG JAMES P. TUTAJ ROBERT J. LUMBER THERESA M. FREEMAN

HANS A. MAST JOHN A. KORNAK<sup>†</sup> DIANA M. REITER

THOMAS J. POPOVICH

December 5, 2011

### VIA CERTIFIED MAIL:

Auto Owners Insurance Tom Malatia, Adjuster 6000 Tallgate Road, Suite D Elgin, IL 60123

DEC - 7 2011

RE:

Claimant:

Your Insured:

Paul Dulberg Caroline and Bill McGuire

Claim No.:

13-2779-11

DOA:

06/28/11

Dear Mr. Malatia:

Please be advised that I have been retained to represent Paul Dulberg for personal injuries he suffered in a chainsaw accident on June 28, 2011. Enclosed is our Notice of Attorney's Lien.

Please contact me to discuss this matter as soon as possible.

Very tryly yours,

HANS A. MAST

smq Enclosure

S:\Main\DULBERG, PAUL\Letters\Letter to Auto Owners Ins dof's ins 12-5-11.wpd

### LAW OFFICES OF THOMAS J. POPOVICH, P.C.

3416 WEST ELM STREET MCHENRY, IL 60050 PHONE: 815-344-3797 FAX: 815-344-5280

### NOTICE OF ATTORNEY'S LIEN

TO: Auto Owners Insurance Tom Malatia, Adjuster 6000 Tallgate Road, Suite D Elgin, IL 60123

RE:

Claimant:

Paul Dulberg

Your Insured:

Caroline and Bill McGuire

Claim No.:

13-2779-11

DOA:

06/28/11

You are hereby notified that PAUL DULBERG, has placed in my hands as his attorney, for suit or collection, a claim, demand or cause of action against the Defendant in the above matter growing out of a certain accident that occurred on or about June 28, 2011, at 1016 W. Elder Avenue, McHenry, Illinois, McHenry County and has agreed to pay me for my services certain legal fees not exceeding one-third of whatever amount may be recovered therefrom by suit, settlement or otherwise, plus costs and that a lien is hereby made and placed upon said claim, demand or cause of action of such fee.

Hans A. Mast

I, Han A. Mast, an attorney, on oath state that I served this Notice by mailing a true and correct copy of the same to the party(s) listed above and depositing the same in the U.S. Mail at McHenry, Illinois before 5:00 p.m. on December 5, 2011.

Hans A. Mast

LAW OFFICES OF THOMAS J. POPOVICH

3416 West Elm Street McHenry, IL 60050 815-344-3797

S:\Main\DULBERG, PAUL\Documents\Auto Owners Ins def's ins 12-5-11.wpd

## CICERO, FRANCE, BARCH & ALEXANDER, P.C.

A Professional Corporation Attorneys at Law 6323 EAST RIVERSIDE BOULEVARD ROCKFORD, ILLINOIS 61114

PAUL R. CICERO
JOHN W. FRANCE
RONALD A. BARCH
CHARLES P. ALEXANDER

September 4, 2012

TEL: (815) 226-7700 FAX: (815) 226-7701

CHANTEL R. BIELSKIS ANDREW T. SMITH

Release of Information/Medical Records Custodian c/o MidAmerica Orthopaedics 755 South Milwaukee Avenue Libertyville, IL 60048-3266

Re:

Paul Dulberg v. Carolyn McGuire and Bill McGuire

McHenry County Case No. 12 LA 178 Records of: Paul Dulberg (B/D: 3/19/70)

Dear Medical Records Custodian:

Enclosed with this letter is a Subpoena for Deposition, a HIPAA Records Release Authorization and a check in the amount of \$20.00, the legal witness fee.

Please be advised that your appearance on the date indicated is <u>not</u> necessary. You may comply with the subpoena by mailing legible copies of all medical records, <u>medical statements for services</u> and medical reports of Paul Dulberg for the dates requested in the subpoena, in your possession or subject to your control.

Please note that we represent Carolyn McGuire and Bill McGuire in this case and not your patient. Since we do not represent the patient, we cannot discuss the substance of your care or the pending lawsuit with you outside the presence of your patient's attorney. If you have questions about how to comply with the subpoena, you may call my secretary, but neither she nor I can talk to you about any aspect of the lawsuit or the patient's medical treatment. Thank you in advance for your professional cooperation.

Very truly yours,

Cicero, France, Barch & Alexander, P.C.

RONALD A. BARCH

RB:mj/subltr.records

encis.

cc: Attorney Hans A. Mast

# CICERO, FRANCE, BARCH & ALEXANDER, P.C.

A Professional Corporation
Attorneys at Law
6323 EAST RIVERSIDE BOULEVARD
ROCKFORD, ILLINOIS 61114

PAUL R. CICERO
JOHN W. FRANCE
RONALD A. BARCH
CHARLES P. ALEXANDER

September 27, 2012

TEL: (815) 226-7700 FAX: (815) 226-7701



CHANTEL R. BIELSKIS ANDREW T. SMITH

> Attorney Perry A. Accardo Law Office of M. Gerard Gregoire 200 N. LaSalle Street, Suite 2650 Chicago, IL 60601-1092

> > Case:

Paul Dulberg v. David Gagnon, Caroline McGuire and Bill McGuire

(McHenry County Case No. 12 LA 178)

Dear Mr. Accardo:

### Written Discovery

Enclosed herewith you will find my clients' response to Mr. Gagnon's written discovery. I note that the interrogatory response is in need of Mr. McGuire's sworn signature. I anticipate having that to you in short order. I do not anticipate changes in the interrogatory answers as Mr. McGuire has already answered interrogatories issued by Plaintiff.

Enclosed herewith you will also find written discovery for response by Mr. Gagnon. Please let me know if you have any questions regarding same.

### **Deposition Notices**

This letter will confirm receipt of your deposition notices: Wednesday, October 31, 2012 at 1:00 p.m. for David Gagnon and Thursday, November 29, 2012 at 1:00 p.m. for Carolyn and Bill McGuire.

Since David Gagnon is your client, I am assuming the notice contains a misnomer and that you really intend to depose Paul Dulberg on October 31, 2012. That date works for me. I can do Mr. Dulberg's deposition that day. Perhaps we can do Mr. Gagnon's deposition that day as well. If we are going to do both, I am proposing that we begin Mr. Dulberg at Noon and Mr. Gagnon at 3:00 p.m. (or immediately following Mr. Dulberg's deposition).

I have no quarrel presenting Mr. and Mrs. McGuire for deposition, but I cannot do that on November 29, as I already have depositions set. I have not cleared the dates with my clients yet, but I am open on November 26, November 27 and November 28.

Please let me know if you are amenable to the deposition schedule above and, if so, your date preference for Mr. and Mrs. McGuire's deposition. By way of carbon copy, I ask Attorney Mast to relate his position on the deposition schedule proposed above. Thank you.

Very truly yours,

RONALD A. BARCH

RB:mj08ltr.PAA Encl.

СС

Tom Malatia (Claim No. 13-2779-11) Attorney Hans A. Mast

### COMPEX LEGAL SERVICES

325 Maple Avenue, Torrance, California 90503 (888) 685-4411

### RECORD REQUEST FORM

rot I ded

Compex Order: E61147

| TIHOMAS J. POPOVICH, P.C.                                                                                                                                                                                                                          | •                                                                                      |                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| 34-16 W. ELM ST.                                                                                                                                                                                                                                   |                                                                                        |                                                                               |
| M CHENRY, IL 60050                                                                                                                                                                                                                                 |                                                                                        | February 07, 2013                                                             |
| RIE: DULBERG V. GAGNON, ET. AL.                                                                                                                                                                                                                    |                                                                                        |                                                                               |
| Case No.: / 12 LA 0001/78                                                                                                                                                                                                                          |                                                                                        |                                                                               |
| Record Subject: DULBERG, PAUL Records requested by LAW OFFICE OF M. GERARD GI                                                                                                                                                                      | REGOIRE                                                                                |                                                                               |
| DEAR HANS A. MAST:                                                                                                                                                                                                                                 |                                                                                        |                                                                               |
| Compex Legal Services has been requested by the firm nan                                                                                                                                                                                           | ned above to obtain records from the loc                                               | ations listed below.                                                          |
| If you require copies of any of these records, please indicate the form(s) to Compex Legal Services. If no boxes are checken                                                                                                                       | ite by checking the box next to the appro                                              | priate location(s) and sign and return                                        |
| PI case note:                                                                                                                                                                                                                                      |                                                                                        |                                                                               |
| By placing a check mark in the box next to a location, y Compex Legal Services from that location. Should you des checking the box before the item description. If you check photos, blueprints, video or audio tapes, you must place y de livery. | sire a copy of any original item(s) listed l<br>k "Films" and/or "Other" which may inc | below the location, please indicate by clude copies of original items such as |
| If a location provides a Certificate of No Records, you wi                                                                                                                                                                                         | ill receive a copy UNLESS this box is checl                                            | ked                                                                           |
| Records Films Other (If requested)                                                                                                                                                                                                                 |                                                                                        |                                                                               |
| A . JUSKIE PRINTING IN                                                                                                                                                                                                                             | NC                                                                                     |                                                                               |
|                                                                                                                                                                                                                                                    |                                                                                        |                                                                               |
|                                                                                                                                                                                                                                                    |                                                                                        |                                                                               |
| If your firm has an account with Compex Legal Services, norm                                                                                                                                                                                       | mal billing will apply. <u>If you represent an insur</u> s                             | ance carrier and prefer that we bill them                                     |
| directly, please provide the following information:                                                                                                                                                                                                |                                                                                        |                                                                               |
| Carrier                                                                                                                                                                                                                                            | Adjuster                                                                               |                                                                               |
| Address                                                                                                                                                                                                                                            | Phone.                                                                                 |                                                                               |
| City, St                                                                                                                                                                                                                                           | Zip                                                                                    |                                                                               |
| Claim                                                                                                                                                                                                                                              | Insured                                                                                |                                                                               |
| Your signature below confirms that you are ordering thes                                                                                                                                                                                           | se records and agree to the terms and coudition                                        | ons(attached)                                                                 |
| Au thorized signature                                                                                                                                                                                                                              | Data                                                                                   |                                                                               |
| (Required)                                                                                                                                                                                                                                         | Date                                                                                   | <del>" , , , , , , , , , , , , , , , , , , ,</del>                            |
| Pri nt Name                                                                                                                                                                                                                                        | Title                                                                                  |                                                                               |
| E-rnail                                                                                                                                                                                                                                            | Phone                                                                                  | Fax                                                                           |
|                                                                                                                                                                                                                                                    |                                                                                        |                                                                               |

| ATTO IRNEY OR PARTY WITHOUT ATTORNEY:                   | TELEPHONE NO                                                   | FOR COURT USE ONLY |  |  |  |  |  |
|---------------------------------------------------------|----------------------------------------------------------------|--------------------|--|--|--|--|--|
| PERRY A. ACCARDO                                        | (312) 558-9800                                                 | <u> </u>           |  |  |  |  |  |
| LAW OFFICE OF M. GERARD GREGOIRE                        |                                                                |                    |  |  |  |  |  |
| 200 NORTH LASALLE STREET, SUITE 2650, CHICAGO, IL       | 60601                                                          |                    |  |  |  |  |  |
| ATTO RNEY FOR: GAGNON                                   |                                                                |                    |  |  |  |  |  |
| NAMEE OF COURT: CIRCUIT COURT FOR THE STATE OF ILLINOIS |                                                                |                    |  |  |  |  |  |
| POST OFFICE & FOR THE COUNTY OF MCHENRY                 |                                                                |                    |  |  |  |  |  |
| STREET ADDRESS 2200 NORTH SEMINARY AVENUE, WOODSTOCK    | STREET ADDRESS 2200 NORTH SEMINARY AVENUE, WOODSTOCK, IL 60098 |                    |  |  |  |  |  |
| PLAINSTIFF/PETITIONER: DULBERG                          | · · · · ·                                                      |                    |  |  |  |  |  |
| DEFET DANT/RESPONDENT: GAGNON, ET. AL.                  |                                                                |                    |  |  |  |  |  |
| CASTE NUMBER: 12 LA 000178                              |                                                                |                    |  |  |  |  |  |
| NOTICE OF DEPOSITION                                    |                                                                |                    |  |  |  |  |  |

### NOTICE TO ALL PARTIES AND THEIR ATTORNEY(S):

| 1. | The p | roduction | of document | by the | e Custodian | of Recor | ds of the | following | business | will be re | equired | as follo | ws: |
|----|-------|-----------|-------------|--------|-------------|----------|-----------|-----------|----------|------------|---------|----------|-----|
|----|-------|-----------|-------------|--------|-------------|----------|-----------|-----------|----------|------------|---------|----------|-----|

DATE

TIME

JUSKIE PRINTING INC

 $28\,20$  HITCHCOCK AVENUE, UNIT E, DOWNERS GROVE, IL 60515

02/25/2013

10:00 AM

Date: February 07, 2013

PERRY A. ACCARDO

(Type or Print Name)

S PERRY A. ACCARDO

(Signature)
ATTORNEY AT LAW
(Title)

NOTICE OF DEPOSITION

I am employed in LOS ANGELES County, California. I am over the age of 18 and not a party to the within action; my business address is: 1016 WEST JACKSON BOULEVARD, SUITE 213, CHICAGO, IL 60607

On 02/08/13, I gave notice to: SEE SERVICE LIST BELOW

On the above date, I served true copies of the following documents; Su bpoena

To each party appearing in this action, at the address below, by placing true copies thereof enclosed in a sealed envelope with postage fully pre-paid, in the United States mail at 325 MAPLE AVENUE, TORRANCE, CA 90503

I electare under penalty of perjury under the laws of the State of Illinois that the foregoing is true and correct, and that this declaration was executed on 02/08/13.

SIGNED:

: Keniqua Latta

THOMAS J. POPOVICH, P.C. HANS A. MAST 34 16 W. ELM ST MCHENRY, IL 60050

CICERO, FRANCE, BARCH & ALEXANDER, P.C. CICERO, FRANCE, BARCH & AL 6323 EAST RIVERSIDE BOULEVARD ROCKFORD, IL 61114

| STATE OF ILLINOIS | )    | 0245281968,1/ |
|-------------------|------|---------------|
|                   | ) SS |               |
| COUNTY OF MCHENRY | )    |               |

# IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUDICIAL DISTRICT McHENRY COUNTY, ILLINOIS

PAUL DULBERG,

Plaintiff(s),

CASE NO. 12LA000178

VS.

DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually,

Defendant(s).

### **NOTICE OF TAKING DEPOSITION(S)**

PLEASE TAKE NOTICE that the undersigned attorney will take the deposition of:

NAME: CAROLINE MCGUIRE and BILL MCGUIRE C.

DATE: November 29, 2012

TIME: 1:00 p.m.

PLACE: Q & A Reporting Service

7115 Virginia Road

Suite 105

Crystal Lake, Illinois, 60014

YOU ARE HEREBY requested pursuant to ILSC Rule 204 to produce the above listed deponent for the purpose of discovery deposition at the above listed time and place before Merrill Legal Solution, certified shorthand court reporters, or some other office duly authorized by law to take depositions.

The deponents are requested, pursuant to Illinois Supreme Court Rule 204, to produce the following documents and/or tangible things at the aforesaid time and place:

Any and all documents disclosed in Plaintiff's answers to interrogatories and response to Defendant's request for production of documents.

I HEREBY CERTIFY that on September 5, 2012 , a true and correct copy of the foregoing Notice of Taking Deposition was mailed to:

Hans A. Mast Law Offices of Thomas J. Popovich, P.C. 3416 W Elm St McHenry IL 60050

Attorney for Plaintiff(s) Paul Dulberg

Cicero, France, Barch & Alexander PC 6323 East Riverside Blvd Rockford, IL 61114

Attorney for Co-Defendants, Caroline and Bill McGuire

LAW OFFICE OF MOGERARD GREGOIRE

200 N LaSalle St Ste 2650

Chicago, IL 60601-199

Telephone:

By:

PERRY A/ACCARDO Firm No.: 46878

Attorney Bar No.: 6228720 Attorney for Defendant(s):

David Gagnon

# CICERO, FRANCE, BARCH & ALEXANDER, P.C. A Professional Corporation

A Protessional Corporatio
Attorneys at Law

6323 RIVERSIDE BLVD. ROCKFORD, IL 61114 TELEPHONE: (815) 226-7700 FACSIMILE: (815) 226-7701

### **FACSIMILE TRANSMISSION**

DATE:

January 15, 2013

TIME:

2:020in

RECEIVING LOCATION:

Attorney Hans A. Mast

815/344-5280

Attorney Perry A. Accardo

312/558-9357

FROM:

RONALD A. BARCH

TOTAL NUMBER OF PAGES (INCLUDING COVER SHEET): 3

COMMENT'S AND/OR SPECIAL INSTRUCTIONS: The original with enclosures will follow by regular U.S. mail.

IF PROBLEMS OCCUR DURING TRANSMISSION, PLEASE CALL (815) 226-7700 AS SOON AS POSSIBLE.

### TO THE RECIPIENT:

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS ATTORNEY PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, OR THE EMPLOYEE OR AGENT RESPONSIBLE TO DELIVER IT TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE, AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE.

THANK YOU.

dpant @allstate.com

## STATE OF ILLINOIS IN THE CIRCUIT COURT OF THE 22<sup>ND</sup> JUDICIAL CIRCUIT COUNTY OF McHENRY

| PAUL DULBERG,                                                                                                                                                                                                                                                       | )                                                                                                                   |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| Plaintiff,                                                                                                                                                                                                                                                          | ) Case No. 12 LA 178                                                                                                |  |  |  |  |
| vs.                                                                                                                                                                                                                                                                 | )                                                                                                                   |  |  |  |  |
| DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually,                                                                                                                                 | ) ) ) ) ) ) ) NOTICE OF ) DISCOVERY DEPOSITION                                                                      |  |  |  |  |
| Defendants.                                                                                                                                                                                                                                                         | )                                                                                                                   |  |  |  |  |
| TO: Attorney Hans A. Mast Law Offices of Thomas J. Popovich 3416 West Elm Street McHenry, IL 60050                                                                                                                                                                  | Attorney Perry A. Accardo Law Office of M. Gerard Gregoire 200 N. LaSalle Street, Suite 2650 Chicago, IL 60601-1092 |  |  |  |  |
| On December 27, 2012, at 1:30 p.m., at the Law Offices of Thomas J. Popovich, 3416 West Elm Street, McHenry, Illinois, the discovery deposition of PAUL DULBERG will be taken before a certified court reporter on oral interrogatories for discovery in this case. |                                                                                                                     |  |  |  |  |
|                                                                                                                                                                                                                                                                     |                                                                                                                     |  |  |  |  |
| Cicero, France, Barch & Alexander, P.C. 6323 East Riverside Blvd. Rockford, IL 61114 815/226-7700 fax: 226-7701                                                                                                                                                     |                                                                                                                     |  |  |  |  |
| CERTIFICATE OF SERVICE                                                                                                                                                                                                                                              |                                                                                                                     |  |  |  |  |
| I certify that on November 20, 2012, I served this notice by mailing a copy to each person to                                                                                                                                                                       |                                                                                                                     |  |  |  |  |

cc: Deb Fisher Reporting

whom it is directed.

depnot.plf (mj)

THOMAS J. POPOVICH, P.C. 3416 W. ELM ST MCHENRY, IL 60050 ATTN: HANS A. MAST

CASE NAME: <u>DULBERG v GAGNON, ET AL.</u>

Note D



# The Law Offices of Thomas J. Popovich P.C.

3416 W. Elm Street

McHenry, Illinois 60050 Telephone: 815.344.3797

FACSIMILE: 815.344.5280

www.popovichlaw.com

MARK J. VOGG JAMES P. TUTAJ ROBERT J. LUMBER THERESA M. FREEMAN

THOMAS J. POPOVICH HANS A. MAST JOEZN A. KORNAK<sup>†</sup> DIA NA M. REITER

July 24, 2012

Ronald A. Barch Cicero, France, Barch & Alexander, PC 6323 E. Riverside Blvd. Rockford, IL 61114

RE: Paul Dulberg vs. David Gagnon, Caroline McGuire and Bill McGuire

McHenry County Case: 12 LA 178

Dear Mr. Barch:

Pursuant to your Rule 214 Request for Production directed to the Plaintiff, please be advised as follows:

- 1. See medical expense report itemizing bills (with bills attached) in the amount of \$7,313.43. Plaintiff is still treating and bills are coming treaters including Associates in Neurology, Dr. Frank Sek, Fox Lake Dynamic Hand Therapy, Hand Surgery Associates and Dr. Sagerman/Biafora, Mid-America Hand to Shoulder Clinic and Dr. Talerico, Northern Illinois Medical Center and Northwest Community Hospital. Investigation continues.
- 2. See response to No. 1 above.
- 3. Attached are photographs of the injuries and/or defendants or parties in the case. Investigation continues.
- 4. See response to No. 1 above. Medical records are attached obtained thus far from Drs. Karen Levin at Associated Neurology, Northern Illinois Medical Center, Mid-America Hand to Shoulder Clinic and Open Advanced MRI. Investigation continues.
- 5. See response to No. 4 above.
- 6. Objection, improper 214 request.
- 7. None known at this time. Investigation continues.

- 8. See response to No. 1 above.
- 9. None, other than the recorded statement of the Defendant, David Gagnon transcription attached.
- 10. The undersigned attorney verifies and certifies that the above-responses are true and correct to the best of his belief and knowledge except where investigation continues.

Very truly yours,

HANS A. MAST

smq Enclosures THOMAS J. POPOVICH, P.C. 3416 WEST ELM STREET MCHENRY, IL 60050 ATTN: HANS A. MAST

CASE NAME:

DULBERG v GAGNON, ET AL.



# CICERO, FRANCE, BARCH & ALEXANDER, P.C.

A Professional Corporation Attorneys at Law 6323 EAST RIVERSIDE BOULEVARD ROCKFORD, ILLINOIS 61114

PAUL R. CICERO
JOHN W. FRANCE
RONALD A. BARCH
CHARLES P. ALEXANDER

CHANTEL R. BIELSKIS ANDREW T. SMITH RECD SEP 6 September 4, 20

TEL: (815) 226-7700

SEP 1 9 2012

SEP 3 8 3 8

Release of Information/Medical Records Custodian c/o Centegra Northern Illinois Medical Center 4201 Medical Center Drive McHenry, IL 60050

> Paul Dulberg v. Carolyn McGuire and Bill McGuire McHenry County Case No. 12 LA 178 Records of: Paul Dulberg (B/D: 3/19/70)

Dear Medical Records Custodian:

Enclosed with this letter is a Subpoena for Deposition, a HIPAA Records Release Authorization and a check in the amount of \$20.00, the legal witness fee.

Please be advised that your appearance on the date indicated is <u>not</u> necessary. You may comply with the subpoena by mailing legible copies of all medical records, <u>medical statements for services</u> and medical reports of Paul Dulberg for the dates requested in the subpoena, in your possession or subject to your control.

Please note that we represent Carolyn McGuire and Bill McGuire in this case and not your patient. Since we do not represent the patient, we cannot discuss the substance of your care or the pending lawsuit with you outside the presence of your patient's attorney. If you have questions about how to comply with the subpoena, you may call my secretary, but neither she nor I can talk to you about any aspect of the lawsuit or the patient's medical treatment. Thank you in advance for your professional cooperation.

Very truly yours,

Cicero, France, Barch & Alexander, P.C.

RONALD A. BARCH

COPIED BY

SEP 14 2012

COPY-RITE MRV

RB:mj/subltr.records

encis.

cc:

Attorney Hans A. Mast

### 4201 Medical Center Dr McHenry, IL 60050 (815) 338-2544

F/C:SI

P/T:EDB

DULBERG, PAUL R

11179-00323

06/28/11 06/28/11

1

APIWAT W FORD

| PAUL R DULBERG<br>4606 HAYDEN CT |                     | 601067 | PAUL DULBERG | G/ACCIDENT |
|----------------------------------|---------------------|--------|--------------|------------|
| MCHENRY IL                       | 60 <b>0</b> 51-7918 | 99999  | 999999999    | 09/14/12   |

|       | CODE<br>***250 | DESCRIPTION<br>PHARMACY |               | QT         | Y |                  |
|-------|----------------|-------------------------|---------------|------------|---|------------------|
| 06/28 | 000196         | CEFADROXIL MONOH 5      | 00MG, CAPSUL  |            | 1 | 19.00            |
| 06/28 | 002870         | HYDROCODONE-AC 10-3     | 325MG,TABLE   |            | 1 | 7.50             |
| 06/28 | 000630         | BUPIVACAINE HCL 0.      | 0.25%,30 M    |            | 1 | 26.50            |
|       |                |                         | AREA TOTAL ** | * *        |   | 53.00            |
|       | 4444           |                         |               |            |   |                  |
| 06/28 | ***258         | PHARMACY IV SOLUTIO     |               |            |   |                  |
| 06/28 | 012251         | SODIUM CHLORIDE 0.      |               |            | 2 | 184,00           |
|       |                |                         | AREA TOTAL ** | * *        |   | 184.00           |
|       | ***272         | STERILE SUPPLIES        |               |            |   |                  |
| 06/28 | 012458         | TRAY LACERATION         |               |            | _ |                  |
|       | 012430         | TRAI DACERATION         | AREA TOTAL ** | d. a.      | 1 | 125.00           |
|       |                |                         | AREA TOTAL ** | л <b>л</b> |   | 125.00           |
|       | ***320         | RADIOLOGY               |               |            |   |                  |
| 06/28 | 010135         | FOREARM XR              |               |            | 1 | 205 20           |
|       |                |                         | AREA TOTAL ** | **         | Т | 225.00<br>225.00 |
|       |                |                         | .11.11.1      |            |   | 225,00           |
|       | ***450         | EMERGENCY DEPARTME      | NT            |            |   |                  |
| 06/28 | 012004         | REPAIR SIMPLE 12.5      |               |            | 1 | 271.25           |
| 06/28 | 019283         | ED LEVEL III            |               |            | 1 | 310.00           |
|       |                |                         | AREA TOTAL ** | **         | _ | 581.25           |
|       |                |                         |               |            |   | 301.23           |
|       | ***636         | QUANTIFIED DRUGS        |               |            |   |                  |
| 06/28 | 003507         | DIPHTHERIA-PERTUSS      | IS-TE,.5 ML   |            | 1 | 155.50           |
|       |                |                         | AREA TOTAL ** | **         |   | 155.50           |
|       |                |                         |               |            |   |                  |
|       |                |                         |               |            |   |                  |
|       |                |                         |               |            |   |                  |
|       |                | TOTAL CHARGES           |               |            |   | 1,323.75         |
|       |                |                         |               |            |   |                  |
|       |                | MOMAT DATE (            |               |            |   |                  |
|       |                | TOTAL PAYMENTS/ADJ      | USTMENTS      |            |   | 0.00             |

1,323.75

0,00

1,323.75

# \*201 Medical Center Dr McHenry, IL 60050 (815) 338-2544

F/C:SI

P/T:EDB

DULBERG, PAUL R

11179-00323

06/28/11 06/28/11 1

APIWAT W FORD

99999 99999999

PAUL R DULBERG

4606 HAYDEN CT MCHENRY IL

60051-7918

601067 PAUL DULBERG/ACCIDENT

09/14/12

| CODE | DESC  | RIPTION               | QTY     |    |
|------|-------|-----------------------|---------|----|
|      | 250   | PHARMACY              | 53.0    | 0  |
|      | 258   | PHARMACY IV SOLUTIONS | 184.0   |    |
|      | 272   | STERILE SUPPLIES      | 125.0   | O. |
|      | 320   | RADIOLOGY             | 225.0   | -  |
|      | 450   | EMERGENCY DEPARTMENT  | 581.2   | -  |
|      | 636   | QUANTIFIED DRUGS      | 155.5   | _  |
|      | TOTAL | CHARGES               | 1,323.7 | 5  |
|      | TOTAL | PAYMENTS/ADJUSTMENTS  | 0.0     | 0  |

1,323.75

0.00

1,323.75

### 4201 Medical Center Dr McHenry, IL 60050 (815) 338-2544

F/C:SI

P/T:EDB

DULBERG, PAUL R

11179-00323

06/28/11 06/28/11

1

APIWAT W FORD

PAUL R DULBERG 4606 HAYDEN CT

MCHENRY IL

60051-7918

601067 PAUL DULBERG/ACCIDENT

99999 99999999

09/14/12

| CODE | DESCRIPTION               | OTY    |
|------|---------------------------|--------|
|      | Total Charges:            | •      |
|      | 250 PHARMACY              | 53,00  |
|      | 258 PHARMACY IV SOLUTIONS | 184.00 |
|      | 272 STERILE SUPPLIES      | 125.00 |
|      | 320 RADIOLOGY             | 225.00 |
|      | 450 EMERGENCY DEPARTMENT  | 581.25 |
| •    | 636 QUANTIFIED DRUGS      | 155.50 |

| Insurance Benefits                                      | 601067<br>COB. 1           |                  |                          |
|---------------------------------------------------------|----------------------------|------------------|--------------------------|
| Total Charges<br>Non-Covered Chgs<br>Deductibles/Co-Ins | 1,323.75<br>0.00<br>0.00   |                  | Patient                  |
| COB/Plan Amt Due                                        | 1,323.75                   |                  | 0.00                     |
| Payments<br>Adjs/Refunds<br>Balance Transfers           | 0.00<br>0.00<br>1,323.75CR |                  | 0.00<br>0.00<br>1,323.75 |
| Balance Due                                             | 0.00                       |                  | 1,323.75                 |
| Third Party Excess<br>Account Balance                   |                            | 0.00<br>1,323.75 |                          |

1,323.75

0.00

1,323.75

# **Sentegra**HealthSystem

Centegra Northern Illinois Medical Center 4201 Medical Center Drive McHenry, IL 60050 815-344-5000

State of Illinois SS County of McHenry

### CERTIFICATION

The affiants, being duly swom, do hereby state and certify that

- 1. Vicki Wheaton is employed by Centegra Health System, as Director of the Health Information Services.
- 2. Vicki Wheaton, as part of her employment duties in Medical Records Department, is authorized by the hospital to certify and/or testify concerning the hospital's medical record-keeping procedures, including customary practices and the completeness, accuracy, and/or authenticity of any original or copy of a hospital medical record.
- 3. The documents enclosed are medical records made in the regular course of the business of Centegra Health System and that it was in the regular course of such business to make such records, at the time of the act, transaction, occurrence, or event, or within a reasonable time thereafter.
- 4. With the exception of any documents excluded pursuant to court order, the documents enclosed are any and all records within our possession responsive to the subpoena under which the documents are being released.

Subscribed to and sworn before me this

OFFICIAL SEAL SUSAN HENN

Director, HIS

Centegra Health System

| CENTEGRA<br>Health System                       |                |                      |                                       |           |           | ÷          | ,             |             |             |     |               | DISCHARGE           | T book        |
|-------------------------------------------------|----------------|----------------------|---------------------------------------|-----------|-----------|------------|---------------|-------------|-------------|-----|---------------|---------------------|---------------|
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| B11179-00323                                    | 06/28          | /11 0246pm           | MX                                    | C 1       | EDB -     | 00         | 1 40 11 11 11 | EMD         | EDB         | 1_  | <u>l 1</u>    | B00001093           | 81            |
|                                                 | /70 419        | 323-76-40            | 01                                    | u.ensi    | N         |            | VHUUN         | WORK        |             |     |               | FIN CLASS           |               |
| PATIENT NAME AND ALONESS                        |                |                      |                                       | l         |           | PATENT EN  |               | WURK        |             |     |               | L LIAB-MV           | A/M           |
| DULBERG, PAUL                                   | D              | ENGLIS               | н .                                   |           | - 1       |            |               |             |             |     |               |                     | •             |
| 4606 HAYDEN CT                                  | r,             | (847) 497-4          | 250                                   |           |           |            |               | RINTI       |             |     |               |                     |               |
|                                                 |                | CELL#                |                                       |           |           | 400        | о на          | YDEN C      | .T          |     |               | (847)497-           | 4250          |
| MCHENRY  PREVIOUS HAVE                          | IL 6005        | 1-7918 *мсн          | KNRY                                  | CNT       | 7, 37,    | мсн        | ENRY          |             |             |     | I <b>r</b> 60 |                     |               |
| QUANANTON NAME AND ADDRESS                      | <del></del>    |                      |                                       |           | o         | OUANANIO   | el Elem Al    | /CO         |             |     |               |                     |               |
| DULBERG, PAUL R                                 |                |                      |                                       |           | 띕         |            |               | ENTIN       | ıc          |     |               |                     |               |
| DULBERG, PAUL R 4606 HAYDEN CT MCHENRY          |                | (847)497-4           | 250                                   |           | <b>a</b>  |            |               | YDEN C      |             |     |               | (847)497            | 125n          |
| MCHENRY                                         | TI. COOS       | SELF<br>1-7918 CELL# |                                       |           |           |            |               |             |             |     |               | SELF EMP            | 1230          |
| 900 SEC NO 323-76~4                             |                | II CONTACT:          |                                       |           | ų.        | исн        | ENRY          |             |             |     | IT 600        | 50                  |               |
| EMERGENCY CONTACT / RELATIVE 1                  |                | ar continor.         |                                       |           |           | RELAINE I  | FMD: AN       |             |             |     | ···           |                     |               |
| DULBERG, HERBERT                                |                | (847)497-4           | 250                                   |           | i.        | MEDGINE I  | LMILOTE       | .11         |             |     |               |                     |               |
| 4606 HAYDEN CT<br>MCHENRY                       | IL 6005:       | *FATHER              |                                       |           |           |            |               |             |             |     |               |                     |               |
| SOC SEC NO                                      |                | HI CONTACT: :        | ▼                                     |           |           |            |               |             |             |     |               |                     |               |
| EMERGENCY CONTACT 2<br>DULBERG, BARBARA         |                |                      |                                       |           |           |            |               |             |             |     |               |                     |               |
| DULBERG, BARBARA<br>4606 HAYDEN CT              |                | (84                  |                                       | 7-425     | 0         | TENT ALTER | MATE ACC      | HE\$5       |             |     |               | -                   |               |
| MCHENRY                                         | TT. 604        | 051-7918             | + W                                   | OTHER     | ١         |            |               |             |             |     |               |                     |               |
|                                                 |                | II CONTACT:          | Ψ                                     |           |           |            |               |             | -           |     |               |                     |               |
| SISTRIMOF I                                     |                |                      | -                                     |           | IN S      | WPWNCE I   |               |             |             |     | <del></del>   |                     | <del></del> - |
| PAUL DULBERG/ACC                                | CIDENT         | 1 60:                | 1067                                  |           | 1         |            |               |             |             |     |               |                     |               |
| JOHNSBURG                                       | IL 6005;       | l Don.               | 024                                   | 70476     |           |            |               |             |             |     |               |                     |               |
| MCCTDENT DO                                     | JLBERG, PA     |                      | 037                                   | T 9 \ \ ( | '         |            |               |             |             |     |               | DOB:                |               |
| 99999                                           | 99999999       |                      |                                       |           | 1         |            |               |             |             |     |               |                     |               |
| PARUPANCE S                                     |                | (847)497-4250        | 0                                     |           |           |            |               |             |             |     |               |                     |               |
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| Brohodizoom/vini                                |                |                      |                                       |           | AT        | ENDING PH  | YHCIAN        | <del></del> | <del></del> |     | PRIMARY CAR   | PHYSICIAN           |               |
| COMMENT                                         |                |                      |                                       |           |           | FOR        | D.AP          | CWAT W      | <u> </u>    |     | SEK FR        |                     |               |
|                                                 |                |                      |                                       |           | ~         | MITHGAN    |               |             | _           | ĺ   | ADDITIONAL PA | IV BICKM            |               |
|                                                 |                |                      | · · · · · · · · · · · · · · · · · · · |           |           | <u> </u>   | LL-ACT        | WAT W       | <u></u>     | ∤   |               |                     |               |
| PRINCIPAL PARAMETER                             |                |                      |                                       |           |           |            |               |             |             |     |               | STN:E               | LA.           |
| PRINCIPAL DIAGNOSIS                             |                |                      |                                       |           |           |            |               |             |             | - 1 |               |                     |               |
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| €10NATURE                                       |                |                      |                                       |           |           |            |               |             |             |     |               |                     |               |
| SIGNATURE                                       |                |                      |                                       | MD        | DATE      |            |               |             |             |     |               |                     |               |

# **RESTRICTIONS / RELEASE FORM**

| Northern Illinois Medical Center  Emergency Department  4201 Medical Center Drive  McHenry, Illinois 60050  (815) 344–5000                                                    | Memorial Medical Center<br>3701 Doty Rd.<br>Woodstock, Illinois 60098<br>(815) 334-3900   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| PHYSICIAN SIGNATURE  May return to work school gym without restriction.  May not return to work school gym for day(s).  May return to school with the following restrictions: | DATE (128 201)  1117900323  DULBERG, PAUL R  M 417 03/19/1970 08/28/2011 B 0000109381     |
| ☐ Gym/Sports restrictions are                                                                                                                                                 | forday(s).                                                                                |
|                                                                                                                                                                               | viole                                                                                     |
| ☐ Machinery/Driving restriction while on medication that can cause dro ☐ No continuous ☐ standing ☐ sitting for day(s).                                                       | wsiness.                                                                                  |
| ☐ Must keep                                                                                                                                                                   | LIMITED WORK WITH  NO WORK WITH  Right Left Hand Hand Arm Arm Foot Foot Leg Leg  For Days |
| See your physician in days for reevaluation.  All patients are referred to their personal physicians or a doctor on the staff of                                              | f this hospital. Release from restriction must                                            |
| I (or responsible person) have/has received and understand(s) the instruction  Patient signature (or responsible person):                                                     |                                                                                           |
| PRINTED BY: MRV0127  DATE 09/14/2012  EMCARE, INC                                                                                                                             | ED 102 NIMC/AM                                                                            |

MEDICAL RECORDS COPY

### Centegra Northern Illinois Medical Center 4201 Medical Center Drive McHenry, IL 60050 (815) 344-5000

Patient: PAUL DULBERG, Med. Rec. #: 80000109381, Visit #: 81117900323, Date: 06/28/2011 Time: 17:02

#### Home Care Instructions

iMPORTANT: We examined and treated you today on an emergency basis only. This was not a substitute for, or an effort to provide, complete medical care. In most cases, you must let your doctor check you again. Tell your doctor about any new or lasting problems. We cannot recognize and treat all injuries or illnesses in one Emergency Department visit. If you had special tests, such as EKG's or X-rays, we will review them again within 24 hours. We will call you if there are any new suggestions. You were treated today by: Ford, Apiwat W..

After your visit to our Emergency Department, you may receive a survey in the mail. We want to be sure we have given you yery good care and we ask that you please fill out the survey and return it in the mail.

After you leave, please follow the instructions below.

### This Information is About Your Follow Up Care

Call as soon as possible to make an appointment to see your doctor in 10 days for suture removal. You can reach your doctor by calling their clinic phone number.

Please return to the Emergency Department in 10 days for suture removal if you would prefer to have the sutures removed in the ER. We do recommend that you follow-up with your Primary Care Physician but you can return to the ER for removal of your stitches if you choose..

### This Information is About Your Illness and Diagnosis

#### WOUND CARE (with stitches)

Your wound was closed with stitches. These are small threads that keep the skin closed to help it heal. You have 3 internal and 11 external stitches. These should be removed in 10 days.

### At home, please follow these instructions:

- Wash your hands before touching the dressing or wound.
- Keep the wound clean and dry.
- After 2 days, wash the wound gently with warm water and soap. Pat it dry.
- Put a light dressing on it if it rubs or there is drainage.

#### Call your doctor if:

- you have redness, pain, or swelling in the area of your slitches.
- · your wound drains pus.
- your stitches come out before your wound is healed.
- you have any new or bothersome symptoms.

This is information About Your New Medications - Start taking as prescribed.

HYDROCODONE and ACETAMINOPHEN (Vicodin, Vicodin ES, Lortab, Lortab elixir, Zamicet, Norco, Zydone, Anexsia, Anolor, Bancap HC)

Take this medicine by mouth with food in the following dose: one 10mg/325mg tablet every 4 to 6 hours if needed for pain. Do not take more than as directed per day (24 hours).

This is a mixture of medicines (hydrocodone and acetaminophen) used to relieve moderate to severe pain. This medicine may be used for other reasons, as prescribed by your doctor.

#### Side effects may include:

- · sleepiness or dizziness
- upset stomach, nausea or vomiting
- constipation

Other side effects may occur, but are not as common. <u>Alleray would show up as:</u> rash or itching, facial or throat swelling, wheezing or shortness of breath. This medicine can be habit forming if used for a long period of time.

#### Follow these instructions:

- Never take more of this medicine than prescribed. Too much acetaminophen in your body can cause liver damage.
- Read the labels of non-prescription medicines before taking them. Many contain acateminophen. To avoid an overdose, do not take any other medicines that contain aceterninophen.
- Talk to your doctor or pharmacist before taking medicines for sleep, colds or allergies. Severe drowsiness may occur.
- Do not share this medicine with others as this medicine is a controlled-substance. Sharing this medicine with others is against the law.
- To avoid constipation while taking this medicine:
  - Drink plenty of figuids. Try to drink 8 to 10 eight-ounce glasses of water or juice each day.
  - · Include extra fiber in your diet.
  - · Exercise daily.
- Watch for signs of dependence;
  - feeling that you "cannot live without this medicine".
  - you need more of this medicine than before to get the same relief.
- Do not drink alcohol, drive or operate machinery until you know how this
  medicine affects you.
- Store this medicine away from heat, moisture or direct light.
- If you are taking this on a regular schedule and you miss a dose, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and return to your regular schedule. Do not double the doses.
- Talk with your doctor before taking any other medicines (including vitamins and herbals) as you may require additional monitoring.

#### Call your doctor if you have:

- any sign of dependence or allergy.
- Increased pain not helped by the pain medicine.
- · slow, weak breathing.
- seizures.
- · slow or irregular heart beat.
- a yellow-color to your skin or eyes, or dark urine.
- stomach pain.
- unusual or extreme tiredness.
- · eny new or severe symptoms.

### CEFADROXIL (Duricef)

Take this medicine until gone in the following dose: 500 mg by mouth 2 times e day for 5 days.

Pontions Copylighted 1957-2077, LOGICARE Corporation Page 1 of 2
DATE GRIEFIT 446EQ PAUL R

Account Number, B1117900323

### Centegra Northern Illinois Medical Center 4201 Medical Center Drive McHenry, IL 60050 (815) 344-5000

Cefadroxil is an antibiotic used to treat infections caused by bacteria. Antiblotics kill bacteria or prevent them from growing inside your body. This medicine may be used for other reasons, as prescribed by your doctor. Side effects may include:

- diarrhea
- upset stomach, nausea or vomiting
- headache

Other side effects may occur, but are not as common. An upset stomach is not a sign of allergy. Allergy would show up as rash or itching, facial or throat swelling, wheezing or shortness of breath.

#### Follow these instructions:

- Space your medicine doses evenly throughout the day. This medicine works best if there is a constant amount in your blood.
- Take this medicine with food to avoid an upset stomach.
- Swallow the capsule and tablet form of this medicine whole with a full 8-ounce glass of water.
- For diabetics, this medicine can cause false test results when testing your urine for sugar. Talk with your doctor if you have questions.
- Store the tablet or capsule form of this medicine away from heat, moisture or direct light.
- Store the liquid form of this medicine in the refrigerator. Shake the liquid well before each use.
- If you miss a dose, take it as soon as possible. If it is almost time for your next dose, skip the missed dose. Do not double the doses.
- Talk with your doctor before taking any other medicines (including vitamins and herbais) as you may require additional monitoring.

### Call your doctor if you have:

- any sign of allergy.
- no improvement after you've taken all the medicine.
- any sign of a new infection (fever, general aches, chills, or unusual tiredness or weakness).
- ongoing nausea, vomiting or stomach pain.
- white patches in your mouth.
- women: itching in or change in discharge from your vagina.
- inflammation (pain and swelling) in your intestine during treatment or up to weeks after you've finished this medicine:
  - ongoing diarrhea
  - stomach pain or cramping
  - blood or mucus in your bowel movements
- any new or bothersome symptoms.

#### SMOKING CESSATION

Smoking is the nation's leading preventable cause of death. It significantly increases the risk of coronary heart disease, stroke and cancer. In fact, more than half of all smoking related deaths in America each yeer are from heart disease, stroke, or other cardiovascular diseases. The good news is, that one year after quitting, the risk of heart disease is cut in half. After five to fifteen smoke-free years, the risk is that of a person who never smoked!

If you or someone you love is interested in quitting, consider joining our "Freedom From Smoking "classes for adults. Centegra Health System and the McHenry County Department of Health have partnered together to bring you an effective program that will help you quit smoking. Call 877-CENTEGRA, (877-236-8347) for more information regarding this program. To speak with a counselor immediately, call the Illinois Tobacco line at 1-866-QUIT-YES.

#### PAIN MANAGEMENT AFTER DISCHARGE:

A person may feel less pain just by being in familiar surroundings. Here are some frequently asked questions about your pain management:

- What can I do to help my pain management? A person's level of relaxation and their environment can affect their pain. If you are tired, over stimulated (too many visitors) are anxious about your diagnosis, or a past experience with a hospitalization, your pain perception may be impacted and your tolerance decreased. Ask questions, and inform us about any problems or concerns that you may have, re: paln. Partner with your health team for your best pain management.
- What if the medication is not working? Tell your health-care provider; physician, home health nurse, etc. You may need a different dose or type
- What if I feel I'm not getting enough pain control? Talk to your physician or home health nurse about it. Together you may be able to develop a plan to prevent or ease your pain. Depending on the cause of your pain, your haalth-care provider may suggest exercise, use of heat/cold, massage, repositioning, immobilization of the affected part, or distraction such as music or rest.
- There are other methods of pain management. Let your health-care provider assist you in finding the best one for you.

Weight management is one step to help maintain a healthy lifestyle. For certain medical problems, such as congestive heart failure, weight should be monitored daily.

### YOU ARE THE MOST IMPORTANT FACTOR IN YOUR RECOVERY.

Follow the above instructions carefully. Take your medicines as prescribed. Most important, see a doctor again as discussed.

lfyou have problems that we have not discussed, or your problem channes or gets worse. Call or visit your doctor right away. If you cannot reach your doctor, return to the Emergency Department Immediately.

Centegra Health System is very concerned about your safety and well being. As part of our efforts to always provide very good care, any medications you received during this visit were reconciled with medication you are currently taking. This reconciliation was based on the information you or your representative provided regarding your current medications and allergies.

"I have received this information and my questions have been anewered. I have discussed any challenges (see with this plan with the nurse or physician."

PAUL DULBERG or Responsible Person

PAUL DULBERG or Responsible Person has received this information and tells me that all questions have been answered.

Pontibre ENT Times 1367-2017 VOS FARE Corporation

DATE

rapidianaga Paul R Account Number, B1117900323

# Centegra Northern Illinois Medical Center 4201 Medical Center Drive McHenry, IL 60050 (815) 344-5000

PAUL DULBERG was discharged on 06/28/2011 at 17:06 from the hospital. The following is a summary of the discharge instructions given to PAUL before discharge:

# This Information Is About Your Follow Up Care

Call as soon as possible to make an appointment to see your doctor in 10 days for suture removal. You can reach your doctor by calling their clinic phone number.

Please return to the Emergency Department in 10 days for suture removal if you would prefer to have the sutures removed in the ER. We do recommend that you follow-up with your Primary Care Physician but you can return to the ER for removal of your stitches if you choose..

### This Information Is About Your Illness and Diagnosis

WOUND CARE (with stitches)

This is Information About Your New Medications - Start taking as prescribed.

HYDROCODONE and ACETAMINOPHEN (Vicodin, Vicodin ES, Lortab, Lortab elixir, Zamicet, Norco, Zydone, Anexsia, Anolor, Bancap HC).

one 10mg/325mg tablet every 4 to 6 hours if needed for pain. Do not take more than as directed per day (24 hours).

**CEFADROXIL** (Duricef)

500 mg by mouth 2 times a day for 5 days.

- 1. How are you and/or your family doing today?
- 2. Is your pain/or symptoms better today?
- 3. Did you understand your discharge instructions?
- 4. Are you following up with a Doctor?

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PRINTED BY: MRV0127

Patient Name PAUL R

Account Number, B1117900323

Dulberg 005713

# Centegra Northern Illinois Medical Center 4201 Medical Center Drive McHenry, IL 60050 (815) 344-5000

| 5. | Comments:                             |
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|    |                                       |
|    | Signature of nurse making phone call: |

\_Time;

FORM GOES TO MEDICAL RECORDS

Portions Copyrighted 1987-2011, LOGICARE Corporation Page 2 of 2

PRINTED BY: MRV0127

DATE Patient Name PAUL R

Account Number, B1117900323

Dulberg 005714

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| my attending physician, on-call surgeons, obstetricians, consu other specialists) may participal agree to follow the Patient personnel in my care and treat I understand the practice of the likelihood of success or out I understand this General C to those areas of DHS where I understand the language is treatment with Centegra Health PATIENT ACKNOWLED Initials                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Medicine is not an exact science and, comes of any diagnosis, treatment, test onsent and Acknowledgement will remarked the care.  In this Consent guides and controls all of System and any inconsistencies shall acknowledgement of INDEPENDENT PHYSICIANS that professional(s) who provide a resident professional(s) who provides a resident professional(s) who provides a resident professional(s) who provides a resident professional(s) who provides a resident professional(s) who provides a resident professional(s) who provides a resident professional(s) who provides a resident professional(s) who provides a resident professional(s) who provides a resident professional(s) who provides a resident professional(s) who provides a resident professional(s) who provides a resident professional(s) who provides a resident professional(s) who provides a resident professional(s) who provides a resident professional(s) who provides a resident professional(s) who provides a resident professional(s) who provides a resident professional(s) who provides a resident professional(s) who provides a resident professional(s) who provides a resident professional(s) who provides a resident professional(s) who provides a resident professional(s) who provides a resident professional(s) who provides a resident professional(s) who provides a resident professional(s) who provides a resident professional(s) who provides a resident professional(s) who provides a resident professional(s) who provides a resident professional(s) who provides a resident professional(s) who provides a resident professional(s) who provides a resident professional(s) who provides a resident professional(s) are resident professional(s) and so resident professional(s) are resident professional(s) and so resident professional(s) are resident professional(s) are resident professional(s) are resident professional(s) are resident professional(s) are resident professional(s) are resident professional(s) are resident professional(s) are resident professional(s) are resident profess | icians, radiologist sistants, certified o participate with therefore, no guart, surgery or exantain in effect for this ther forms and cobe interpreted column. | ndependent professions, anesthesiologists, anesthesiologists, aregistered nurse anestindependent professionates have been maination performed at a sepisode of care and ensents I may sign durisistent with terms of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | pnals (such as pathologists, sthetists and onals and CHS ade regarding CHS. 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During the course of my hospital stay, my physician may determine I require care at another medical facility, or I may request care at an alternate facility. I acknowledge that all transportation services provided in connection with my transfer to another facility are provided by an independent third party and I will receive a separate bill directly from the service provider for which I may be responsible.

# USE AND DISCLOSURE OF HEALTH INFORMATION

Unless I request otherwise, CHS will provide my room location or telephone number to visitors and callers. I understand CHS will use and disclose my health information for the purposes of treatment, payment, and health care operations, as permitted by law as described in the CHS Notice of Privacy Practices. Certain information can be used without obtaining my consent. I fully understand that the use or disclosure of my health information may include history, diagnosis and /or diagnostic treatment of mental health/ developmental disabilities conditions, alcohol or drug abuse and Acquired Immune Deficiency Syndrome (AIDS/ HIV).

Acquired Immune Deficiency Syndrome (AIDS/ HIV).

I understand that if I refuse to allow disclosure of my health information to process my insurance claim, I may be financially responsible for all costs incurred by me for treatment. I agree to release and hold harmless CHS, its agents, and applicable from any liability that may arise from the use or disclosure of my health information.

#### PICTURES/IMAGES

I understand photographs, videotapes or other images may be taken to document my care. These images may be kept by CHS and/or by the independent professional involved in my care. I understand I have the right to view or obtain copies of these materials which are in possession of CHS upon written request. It is my responsibility to confirm if such photographs, or with my written authorization.

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DATE 09/14/2012
GENERAL CONSENT AND ACKNOWLEDGMENT
Page 1 of 2



# Centegra Health System



111,900323 DULBERG, PAUL R M 41Y 03/19/19/0 06/28/2011 8 0000109381

Initials RELEASE FROM LIABILITY FOR VALUABLES

I understand my belongings are my responsibility and I have been advised to send any items of value home. I release thospital facilities and may be used to store valuables.

### PATIENT PRE-CERTIFICATION RESPONSIBILITY

I understand I am responsible for the notification to my insurance company to obtain authorization before service is rendered. I further understand that if I do not pre-certify I may incur a reduction or loss of paid benefits to the hospital for which I will be liable.

# ASSIGNMENT OF BENEFITS/ AGREEMENT FOR PAYMENT

I hereby authorize payment to be made directly to CHS and to the independent professional(s) for all insurance benefits otherwise payable to me. I understand I am financially responsible to CHS and independent professionals for all charges incurred. Patient "out-of-pocket" amounts will be requested prior to or upon discharge. In the event of default or non-payment, CHS shall be entitled to the right of recovery of all collection expenses, including court costs and reasonable attorney's fees for the purpose of securing payment. It is further agreed that any credit balance may be applied on any other account owed CHS by the guarantor/responsible party, or any open account for his/her dependent family.

| any open account for his/her dependent family.                                                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PATIENT INFORMATION OFFERED                                                                                                                                                                                                            |
| Patient Rights/Responsibilities Yes     Advance Directive Information Yes     Notice of Privacy Practices Yes     Patient Billing Information Yes     Patient Billing Information Yes                                                  |
| PATIENT CERTIFICATION                                                                                                                                                                                                                  |
| By signing this General Consent and Acknowledgement Form, I acknowledge I have read and understand the information contained in this form and accept its terms. I also acknowledge I have received a copy of this form for my records. |
| I NPATIENTS ONLY:                                                                                                                                                                                                                      |
| TRICARE (Military) Insurance PATIENTSYes, I have received TRICARE "Important Message"                                                                                                                                                  |
| Patient/ Authorized Person Relationship Date                                                                                                                                                                                           |
| I,, have interpreted/translated the above form to the patient. The patient has informed me he/she fully understands and agrees to the terms set out in this consent form.                                                              |
| Interpreter/Translator (Please Print Name) Language Interpretation/Translation Provider (Company name or Relationship to Patient                                                                                                       |

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GENERAL CONSEMBAND ARE ARENCEWLEDGMENT
Page 2 of 2

Northern Illinois Medical Center Patient Name: DULBERG, PAUL R

NIMC Radiology

Account Number: B1117900323 Northern Illinois Medical Center

06/28/2011

10135 RIGHT FOREARM 2139703

HISTORY:

Chain saw versus forearm, forearm laceration.

IMPRESSION:

Right forearm films demonstrate no fracture or radiopaque foreign body. There is deep soft tissue laceration along the ventral surface of the mid

forearm.

FINDINGS:

This exam consists of two views of the right forearm which demonstrate deep laceration on the ventral aspect of the mid forearm as best visualized on the lateral view. No fracture or radiopaque foreign body is identified.

cc:

Apiwat W. Ford, D.O. Donald R Kennard, M.D. Frank Sek, M.D.

> Electronically Authenticated Donald R Kennard, M.D. 06/28/2011 18:18 815-759-4683

06/28/2011 D 06/28/2011 5:19 P / LBA Northern Illinois Medical Center

NIMC Radiology

PRINTED BY: MRV0127 DATE09/14/2012

• Centegra Health System

Centegra Hospital - McHenry

B1117900323 DULBERG, PAUL R M 41Y 03/19/1970 06/28/2011 0000109381

| <u> </u>       | FIACT WOMISSIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u>JN ASSESSMENT</u>                                             |                                                    |                                                                                                       |                                                                                                                    |
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| Chief com      | plaint/reason for visit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | States<br>Shares                                                 |                                                    |                                                                                                       | 0)                                                                                                                 |
| CURRENT        | MEDS D-Qenies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                  | Triage ALLERGIES Medications:                      | BNKA TW                                                                                               | 3 REACTION                                                                                                         |
|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                  | Food:                                              |                                                                                                       |                                                                                                                    |
| Do you leel s  | rrior ☐ Yes Interpret<br>afe at home? ☐ Yes ☐ i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | lor Name/ATT Number:<br>No is there anyone in your l             | □ Othe<br>ife that threatens, intimi               | ate Q Family D Alone D                                                                                | Nursing home C Group home way? C Yes No Time:                                                                      |
| istory II None | thma □ Endoce ck problems □ Gl prolo cod disorders □ GU Pro- incer □ Glauce ordiovascular □ HEEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | rind                                                             | uro problems<br>/choSocial problems                | Yes  Pressure Ulcer  Recent exposure  Reproductive problems  Seizures  Skin problems  Vision problems | Yes  Infectious discases  MRSA  VRE Chicken Pox Moaslos Shingles Strep Throat Cher:                                |
| Expr           | inded/surgical history:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Pacemaker DIV access                                             |                                                    |                                                                                                       |                                                                                                                    |
| TB<br>History  | ☐ None Ever had a ☐ Bloody sputum ☐ ☐ Denies signs & sy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | positive TB test? ☐ Yes D<br>☐ Weight loss ☐ Night swe<br>mptoms | No □ Self-history of TE<br>eats □ Loss of appetite | B D Family history of TB                                                                              | □ Cough □ Fever<br>ernational travol                                                                               |
| Vaccine        | □ Flu Tetanus □                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | N/A ☑ Up to date ☐ >5 ye                                         | ars 🗆 Unsure 📙 F                                   | ediatric immunization 🛭 L                                                                             | Jp to date □ No □ Unsure                                                                                           |

EDN10000-00 07/08 10/08 03/09 12/08 03/10

'3EDRN'

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| Type of pain: ☐ Burning ☐ Dull ☐ Other: ☐ Wong Bakel                                                                                                     | Yes 1-10   No if yes, is it   Pressure   Cramping   Heavy   T   FLACC   Numeric   Doccasionally   DAILY   Last Drink:   Occasionally   DAILY   Last Used:   Occasionally   DAILY   Last Used:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Chronic □ Now Onset<br>Sharp □ Achy                                                                                                 | Mark drawing wi 1. Abresion 2. Amputation 3. Avulsion 4. Bleeding 6. Bruise 7. Deformity 8. Fracture 9. GSW 10. Hematoma 11. Leceration 12. Pain 13. Stab wound 14. Foreign book 15. Pressure uk 16. Leg ulker | Right Right                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Neurological NA LOC Yes No LOCASCIOUS Unconscious A Alort Oriented X Crying Lethargic MAE Siurred speech Irritable Combativo Pupils NA PERL R L Reactive | Absent □ □ Cap Refill □ 2Sec □ >2 Sec Ankle edema □ Yes □ No Monitor:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Correction Ear Drainage:  Describe:  Epistaxis:  NA R Controlled  Uncontrolled  THROAT:  Diff. swallowing  Diff. speaking  Drooling | R:                                                                                                                                                                                                             | GI/Abdominal: □ NA □ Denies    Soft □ Distended □ Firm   Nontender □ Tender   Bowel sounds: □ Present □ Absent   □ Hypoactive □ Hyperactive   Last 8M: □ Denies   □ Diarrhea x □ Denies   □ Vomiting x □ Denies   Nausea □ Yos □ No   Last eral intake: □ Comments: □   NA □ Denies   URINARY □ NA □ Denies   URINARY □ NA □ Denies   URINARY □ NA □ Discharge □ Rieeding   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Character:   Chara |
| Associate Signature/Ini                                                                                                                                  | en paniel to E<br>per Chain<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geoderich<br>aut Geode | Associate Signar                                                                                                                    | WOOKE<br>HOLO<br>HOLO<br>HOLO<br>HOLO<br>HOLO<br>HURE/Initials:                                                                                                                                                | exported to the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the  |

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### ADMISSION ASSESSMENT

| Lab                          | MD/DO<br>Order<br>Time<br>MD/DO<br>Initials |              | L                                | ab           | MD/DO<br>Order<br>Time<br>MD/DO<br>Initial |                                       | Lab                                   |         | Ord<br>Tim | ie<br>/DO   | Medic          | cal Imagin               | g                   | MD/DO<br>Order<br>Time<br>MD/DO<br>Initial |
|------------------------------|---------------------------------------------|--------------|----------------------------------|--------------|--------------------------------------------|---------------------------------------|---------------------------------------|---------|------------|-------------|----------------|--------------------------|---------------------|--------------------------------------------|
| □ ABG                        |                                             |              | PTT                              |              | madi                                       | □ woi                                 | ind culture                           |         |            | ш.          | DIS            | Solne                    |                     | migai                                      |
| 3 Amylase                    |                                             |              | RSV                              |              |                                            |                                       |                                       |         |            |             | •              | Spine                    |                     |                                            |
| 3 Blood Culture              |                                             |              | Salicyla                         | te           |                                            |                                       | · · · · · · · · · · · · · · · · · · · |         |            |             |                | rasound.                 |                     | <del></del>                                |
| 3 BMP                        |                                             |              | Sputum                           |              |                                            |                                       |                                       |         |            |             |                | Scan-Brai                | n                   |                                            |
| J BNP                        |                                             |              | Strep                            |              |                                            |                                       |                                       |         |            |             |                | Scan-C S                 |                     |                                            |
| I CBC w/diff                 |                                             |              | Trichim                          |              |                                            |                                       |                                       |         |            |             |                | Scan-Che                 |                     |                                            |
| CMPL                         |                                             |              |                                  | n 🗆 POC      |                                            | Other                                 | /Miscelland                           | ous     | Ĭ          |             |                | Scan-Che                 |                     |                                            |
| D. Dimer<br>Digoxin Level    |                                             |              | Tylenol                          |              |                                            | □ 02                                  |                                       |         | _          |             |                | Scan-Abd                 | /Pelvis             |                                            |
| J ETOH                       | <del> </del>                                |              | Type &                           |              |                                            |                                       | G Time Acqu                           | ilred   | _          |             | DMF            |                          |                     |                                            |
| GC/Chlamydia                 |                                             | 14           | Type &                           |              |                                            | Time                                  |                                       |         | -          |             |                | ST Scan                  |                     |                                            |
| Hepatic Panel                | <del></del>                                 |              | of unit<br>UA                    | 8            |                                            | Time                                  | G Time Acqu                           | ired    |            |             |                | Preg Ltd I               |                     |                                            |
| HCG Qualitative              | 3                                           |              |                                  | ex culture   |                                            |                                       |                                       |         |            |             | H ED           | Preg follo<br>Pelvis Ltd | w up US             | <u> </u>                                   |
| HCG Quantitati               |                                             |              | Urine C                          |              | <u> </u>                                   |                                       | cal Imag                              | ing     |            |             | 1              |                          |                     | <u> </u>                                   |
| I Influenza Scree            | n l                                         |              |                                  | rug Screen   |                                            |                                       | est PA/Lat                            |         | -          | <del></del> |                | Abd Aorta                |                     |                                            |
| Clipase                      | ,,                                          |              | Urine H                          |              | ļ- <del></del>                             |                                       | est Port                              |         | -          |             |                | Doppler p                |                     |                                            |
|                              |                                             |              |                                  | Neg □ POC    |                                            | □ C-8                                 | spine                                 |         |            |             | 1 11 50        | Venous D                 | upix Ext            |                                            |
| MRSA                         |                                             |              | Urine D                          | ip □ POC     |                                            | X-1                                   | 'shle                                 | ·····   | +          |             | men            | Trauma tr                | ane acho            | <del> </del>                               |
| ) PT                         |                                             |              | Wet pre                          |              |                                            | D Pel                                 |                                       |         |            |             |                | Trauma a                 |                     | <del> </del>                               |
|                              |                                             | ,            | P                                | E            |                                            | -127                                  |                                       | C 12 F  |            | E)          | 1 11 22        | riauma a                 | DO NO               | L                                          |
| AD/DO<br>Order ORB<br>Time & | Start<br>Time                               | Stop<br>Time | IV                               | Solution & A | mount                                      | Warm<br>Y/N                           | Additive                              | es      | Site       | Call        | Size           | Rate                     | Amt<br>Infused      | Initials                                   |
|                              |                                             |              |                                  |              |                                            |                                       |                                       |         |            |             |                |                          |                     |                                            |
|                              |                                             |              |                                  |              |                                            |                                       |                                       |         |            |             |                |                          |                     |                                            |
| Height: 5                    | 09"                                         | Pt We        | ight:                            | 145          | Aller                                      | gles: 🖊                               | IKDY,                                 | -       |            |             |                |                          |                     |                                            |
| Order ORB                    |                                             | lop<br>ime   | Pain<br>See                      | Medication   | /Order                                     | Dosage                                | Route                                 | Site    | lnl        | tials       | Time           | Effects                  | Pain<br>Scale       | initials                                   |
| 22.2                         | 1930                                        | 7            |                                  | 75/17/27     | 77                                         | 190c                                  | 7                                     | -       | 177        | 177 K       | 310 J          | 18816                    | 12/2                | non                                        |
| 111                          | 15/2                                        | /            | -                                | AIL          | CACA                                       | \$190h                                | 1/5                                   |         | 1/2        | MY          | 510            | YOPEV                    | 71 7                | -VIII                                      |
|                              |                                             |              | (                                | BLOUVE       | rine                                       | 0,250                                 | le on                                 | KIS 1   | \$         | 10          |                | <del></del>              |                     | <del> </del>                               |
|                              |                                             |              | i i                              | 7            |                                            | <del>~</del>                          | 1/200                                 | 7       | -          |             | ·              | <b>†</b>                 |                     | ·                                          |
|                              |                                             |              |                                  |              |                                            | · · · · · · · · · · · · · · · · · · · |                                       | <b></b> | _          | 1           |                | -                        |                     |                                            |
|                              |                                             |              |                                  |              |                                            |                                       |                                       |         |            | 1           | *******        |                          |                     |                                            |
| 74051                        | <u>.                                </u>    |              |                                  |              |                                            |                                       |                                       |         |            | 1           |                |                          |                     | T                                          |
| Td 0.5mL 🗍 Tdi               | ap 0.5mL E                                  | 1 TT 0.6     | 5mL                              | Time:        | ĺ                                          | 🕽 Nursii                              | _Lot#<br>ng Asses<br>Reviewe          | sment   | Ex         | p<br>Medi   | _Mfr<br>cation | Reconc                   | □ Vis<br>iliation R | Given<br>eviewed                           |
|                              | ***                                         |              | _ Initia<br>_ Initia<br>_ Initia | ls: \w_      | Tw                                         | Tech:<br>Physic                       | dan:                                  | ho      | Ex.        | 7           |                | Initia                   | s/A                 |                                            |
| RN: WODE                     | 200                                         | (            |                                  | ls: \w_      | . '                                        |                                       | lan:                                  | Do.     | ás         | 7           |                |                          | s/A                 | -<br>                                      |

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DATEMERGENDY/ADWISSIGN ASSESSMENT Page 3 of 4

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# **EMERGENCY ADMISSION ASSESSMENT**

| Time                                              | Blood pressure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Pulse                | Resp             | Temp                                  | SpO2                                          | O2                                                            | GC                        | S E/V/M       | Monitor                                                                   | Intake                            | Qutpu          |
|---------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------|---------------------------------------|-----------------------------------------------|---------------------------------------------------------------|---------------------------|---------------|---------------------------------------------------------------------------|-----------------------------------|----------------|
|                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      | <del> </del>     |                                       |                                               |                                                               |                           | / \           |                                                                           |                                   |                |
|                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                  |                                       | <del>- </del>                                 |                                                               |                           | / \           | <del> </del>                                                              |                                   | <del> </del>   |
|                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      | -                |                                       |                                               |                                                               |                           | 7 1           |                                                                           | <del> </del>                      | <del> </del> - |
|                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                  |                                       |                                               |                                                               |                           | / \           |                                                                           |                                   |                |
| <del></del>                                       | <del>}</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <del> </del>         | <del> </del>     | <del> </del> -                        | <del>-</del>                                  | <del>- </del>                                                 |                           | / \           |                                                                           |                                   |                |
|                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <del> </del>         | ·                | <del> </del>                          | <del> </del>                                  | _                                                             |                           | 1             |                                                                           |                                   |                |
|                                                   | Orthostatic Lying                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | g:                   | Sitting:         | · · · · · · · · · · · · · · · · · · · | Standing                                      | · · · · · · · · · · · · · · · · · · ·                         |                           |               | J                                                                         |                                   | <del> </del>   |
| □ Q₃ Thera<br>□ Chost tu<br>□ NG tube<br>□ Lumbar | s/Procedures; apy; bo: # @ puncture: xam;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |                  | Time Out                              |                                               | = 0003(1)                                                     | c iavago                  | · <del></del> |                                                                           | □ Cont Puise Ox                   |                |
| lormal Vali                                       | uos Age 60 or more<br>ue: Age newborn to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (80-99 n<br>1d (40-6 | _ Hme;<br>       | (/5.00)                               | 1 444 12 11                                   | /CA AA\ ~~u                                                   | Laat 13-1.                |               | neuro assessi<br>dder scan Amo<br>tlinuous Cardia<br>an 40 or more<br>200 | ount:<br>c Monitoring<br>than 400 |                |
| J Wound (                                         | are Uty                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 116                  | □ Dressing:      |                                       |                                               |                                                               |                           |               | ☐ Crutches                                                                |                                   |                |
| l Irrigation                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ハン                   | □ Antibiotic     | □ 1d                                  | e Time:                                       |                                                               | _ Cas                     | t             | ☐ Patient's                                                               | own crutches                      |                |
| Soak:                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      | □ Adaptic        |                                       | levate Tima:                                  |                                                               |                           |               |                                                                           | alking instr/ret dem              | o              |
| htisepti                                          | c Wash                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      | □ 4X4            |                                       | plint:                                        |                                                               |                           |               |                                                                           | olint:                            |                |
| Other:                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      | □ Kling          |                                       | nee immobil                                   |                                                               |                           |               |                                                                           | mold;                             |                |
|                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      | 🛘 Tube gauze     |                                       | houlder imm                                   |                                                               |                           |               |                                                                           |                                   |                |
|                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      | □ Steristrip     | ПΑ                                    | ce Wrap                                       |                                                               |                           |               |                                                                           |                                   |                |
| solation T                                        | ype:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      | □ Burn dressi    | ng □s                                 | MV's after in                                 | nmobilization                                                 | 1                         |               |                                                                           |                                   |                |
| EFT WITH Discharg Discharg                        | cility:  C SWalk   Carr   O Solf   Family   Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family     Family | D Expirity D Amb     | d 🗓 Police       |                                       | □ Mod<br>□ ER /<br>□ To u<br>□ No d<br>□ Disc | nitroom #_<br>nitroom #_<br>ild chart<br>harge Pain I<br>GCS: | Time:to<br>☐ Old of ovel: | than in El    | cal                                                                       | ed by:                            |                |
| N: W                                              | COO TOUR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Dhis                 | Initia<br>Initia |                                       | DIRN:                                         |                                                               |                           |               | 1                                                                         | nitials:                          |                |

EMERGENCY ADMISSION ASSESSMENT PRINTED BY: 1983401247

DATE

09/14/2012

| Contedia Uoshitsi-M                                                                     | Vichanty                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| © 1996 - 2006 T-System, Inc. Circle or check affirmatives, backslash (1) negatives.     | B1117900323                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| ++CentegraHealthSystem                                                                  | DULBERG, PAUL R<br>M 41Y 03/19/1970                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| EMERGENCY PHYSICIAN PROPER                                                              | M 41Y 03/19/1970<br>06/28/2011                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| EMERGENCY PHYSICIAN RECORD                                                              | 0000109381                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Upper Extremity Injury (4)                                                              | Schu Lit Cere                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| DATE: 6/28/11 TIME: 1457   On arrival                                                   | FOREARM! See diagram (R) BARM (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| ROOM:EMS ArrivalEMS treatments ordered                                                  | ELBOWtenderness soft-tissue / bony                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| HISTORIAN: patient spouse paramedics                                                    | nmi inspectionswelling / ecchymosis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| _HX / EXAM LIMITED BY:                                                                  | non-tender limited ROM finil ROM* deformity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| HPI                                                                                     | ARM /see diagram                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| chief complaint: Injury to: / right. / left                                             | SHOULDERtenderness soft-tissue / bony                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| hand wrist forearm elbow arm                                                            | And tender limited ROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| shoulder collar-bone area                                                               | deformity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| duration / occurred: where: just prior to arrival home school                           | <i>Y</i> 1.1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| today neighbor's park                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| days ago                                                                                | <b>, , , , , , , , , , , , , , , , , , , </b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| severity of pain: worse / persistent since                                              | 1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| mild moderate severe pain intermittent / lasting                                        | /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| context: fall blow incised crushed burn                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| associated symptoms: tingling / numbness distally                                       | 1 ((( ) 3))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| ROS                                                                                     | $\langle z \rangle \rangle \langle z \rangle \langle z \rangle$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| suspected FB (skin lac) trouble breathing / chest pain                                  | (a) (a) (a)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| loss feeling / power arms / legs loss of bladder function                               | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| headache / neck pain recent fever / filness double vision / hearing loss other injuries | J (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| nausea / vomiting   Dall systems neg except as marked                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| SOCIAL HX smoker drug use / abuse                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| recent ETOH lives alone lives alone                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| ives at home lives in nursing home FAMILY HX negative                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| PAST HX negative R/L HANDED prior injury                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| diabetes Type 1 Type 2 diet / oral / insulin                                            | \                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| HTN heart disease De Man Meds- none see nurses note                                     | SC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Allergins- NKDA   see nurses note                                                       | $l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha} l_{\alpha$ |
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| PHYSICAL EXAM                                                                           | W-11 1140                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| GENERAL APPEARANCE G-collar (PTA / In ED ) / backboard                                  | T-Tenderness PiT-Point Tenderness S-Swelling E-Ecchymosis B-Burn C-Cantusio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| no acute distress mild moderated severe distress                                        | L-Laceration A-Abrasion M-Muscle spasm PW-Puncture Wound (8-without m-mild mud-muderate re-servers)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| anxious anxious                                                                         | Example: Two = Tenderness on pulpation (severc)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| EXTREMITIES HAND see diagram                                                            | NEURO / VASC / TENDON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| nml inspection tenderness soft-tissue / bony                                            | sensation intact sensory / motor deficit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| non-tenderswelling / ecchymosis                                                         | motor intact no vascular                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| deformity                                                                               | compromisepallor / cool skin / abnml cap refill                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| WRIST see diagram nml inspection tenderness soft-tissue / bony                          | tendon functionpulse deficit radial_ulngr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| nml inspection tenderness soft-tissue / bony tender tenderness in anatomical snuff box  | normaldeficit in tendon function                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| mml ROM*wrist pain on axial thumb load                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| swelling / ecchymosis                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| PRINTED BY MOTO                                                                         | 70127                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| "3EDTSN" / Rov. 08 / 07 PRINTED UPPE'EXTERN'                                            | ytrijary - os Nimc   ITIII illi illi illi illi illi illi ill                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| DATE 09/1 <b>5-2</b>                                                                    | 2012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

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| _nml inspection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | swelling / ecchymosis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | !<br>!                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                  | 0000109381                                                                                                                                                                                                                   |                                                                           |
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| NECK / BACK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | tenderness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                  |                                                                                                                                                                                                                              |                                                                           |
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| non-tender                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | _swelling / ecchymosis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VOAVO C                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                  |                                                                                                                                                                                                                              |                                                                           |
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| RESPIRATORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | tenderness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | R/L hand wris                                                                                                                                                                                                                                                                                                                                | forearn                                                                                                                                          | -elbow humi                                                                                                                                                                                                                  | nomemente and a second                                                    |
| _thest non-tender                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | _swelling / ecchymosis / abrasions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | normal/NAD                                                                                                                                                                                                                                                                                                                                   | 010_                                                                                                                                             |                                                                                                                                                                                                                              | niga allohidal                                                            |
| breath snds nml                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | crepitus / subcutaneous emphysema                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | polracture                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                  | 1 .                                                                                                                                                                                                                          | <del></del>                                                               |
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| <u>cys</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | tachycardia / bradycardia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1                                                                                                                                                                                                                                                                                                                                            | positive                                                                                                                                         | posterior fat-pad                                                                                                                                                                                                            | sign                                                                      |
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| GI (ABDOMEN)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | tendernoss / guarding                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | i                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                  | non-displaced                                                                                                                                                                                                                | displaced                                                                 |
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| PROCEDURES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | See separate repo                                                                                                                                                                                                                                                                                                                            | rt                                                                                                                                               |                                                                                                                                                                                                                              |                                                                           |
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| wound explored foreign material remo partially complete minimal / mod. /*. no foreign body ident repair: Woy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | undermined  ved minimal / mad. / extensive ely wound margins revised extensive multiple flaps aligned filed  inf closed with: wound adhesive / steri-strips                                                                                                                                                                                                                                                                                                                                                                                                                                          | Dislocation<br>Laceration                                                                                                                                                                                                                                                                                                                    | ulna d                                                                                                                                           | listal / shaft / praxim<br>distal / shaft / pr                                                                                                                                                                               | ial / ulnar stylaid                                                       |
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| AT RENT NAME AND ALDRESS                                          | <u> </u>                   |             |                                       |                                | PAIR HT E          | MILOYER                               |                                         |                                       |     |                                         | <u> </u>                              |
| DULBERG, PAUL                                                     |                            | NGLISH      |                                       |                                | C TI               | ים מנו                                |                                         | T.C.                                  |     |                                         |                                       |
| 4606 HAYDEN CT                                                    |                            | 197-4250    |                                       |                                |                    |                                       | RINTIN<br>ZDEN (                        |                                       |     |                                         | /9/71/07 /250                         |
|                                                                   | CELL#                      |             |                                       |                                |                    |                                       |                                         | , ÷                                   |     |                                         | (847)497-4250<br>SELF EMP             |
| MCHENRY<br>FREVIOUS HAVE                                          | IL 60051-7918              | *MCHENR     | Y CNT                                 | Ý, Y                           | MCI                | ENRY                                  |                                         |                                       | :   | IL 60                                   | 0050                                  |
| KLARANTON NAME AND ADDRESS                                        |                            | <del></del> |                                       |                                | () CHINETANIT      | TH EMPLOY                             |                                         |                                       |     |                                         |                                       |
| DULBERG, PAUL R                                                   |                            |             |                                       | · ·                            |                    |                                       | EM<br>XINTIN                            |                                       |     |                                         |                                       |
| 4606 HAYDEN CT                                                    | (847)                      | 197-4250    |                                       |                                | 460                |                                       | DEN C                                   |                                       |     |                                         | (0471407 4050                         |
|                                                                   | SELF                       |             |                                       | E                              | 4                  | 2 22.1                                |                                         |                                       |     |                                         | (847)497-4250<br>SELF EMP             |
| MCHENRY                                                           | IL 60051-7918 (            |             |                                       |                                | MC H               | ENRY                                  |                                         |                                       | -   | IT 600                                  |                                       |
| юське но 323-76-                                                  | 4001 PHI CONT              | ACT: Y      |                                       |                                |                    |                                       |                                         |                                       |     |                                         |                                       |
| DULBERG, HERBER                                                   | (947)                      | 197-4250    |                                       |                                | RELATINE           | <b>EMPLOYE</b>                        | M                                       |                                       |     | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                                       |
| 4606 HAYDEN CT                                                    | +FATE                      |             |                                       |                                | Ĭ                  |                                       |                                         |                                       |     |                                         |                                       |
| MCHENRY                                                           | IL 60051-7918              |             |                                       | l.                             |                    |                                       |                                         |                                       |     |                                         |                                       |
| IOC SEC NO                                                        | PHI CONTA                  | ACT: Y      |                                       |                                |                    |                                       |                                         |                                       |     |                                         |                                       |
| MERGENCY CONTACT 2<br>DULBERG, BARBARA                            |                            |             | · · · · · · · · · · · · · · · · · · · |                                | MATIENT ALTE       | PHATE ACT                             | FE SS                                   |                                       |     | <del>,</del>                            | · · · · · · · · · · · · · · · · · · · |
| 4606 HAYDEN CT                                                    | ů.                         | (847)4      |                                       | 50                             |                    | · · · · · · · · · · · · · · · · · · · |                                         |                                       |     |                                         |                                       |
| MCHENRY                                                           | IL 60051-7916              |             | MOTHE                                 | ı,                             |                    |                                       |                                         |                                       |     |                                         |                                       |
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| NSAJAWACE I                                                       |                            |             | <del></del>                           |                                | MBURWICE #         |                                       |                                         |                                       |     |                                         |                                       |
| PAUL DULBERG/AC                                                   | CIDENT 1                   | 60106       | 7                                     | - 1                            |                    |                                       |                                         |                                       |     |                                         |                                       |
| 4606 HAYDEN CT<br>JOHNSBURG                                       | TY COOFS                   |             |                                       | - 1                            |                    |                                       |                                         |                                       |     |                                         |                                       |
|                                                                   | IL 60051<br>ULBERG, PAUL R | DOB: 03     | /19/7                                 | D                              |                    |                                       |                                         |                                       |     |                                         | DOB:                                  |
| 99999                                                             | 999999999                  |             |                                       | 1                              |                    |                                       |                                         |                                       |     |                                         |                                       |
|                                                                   | (847)497                   | -4250       |                                       |                                |                    |                                       |                                         |                                       |     |                                         |                                       |
| NOLURANCE I                                                       |                            |             |                                       |                                | INSURANCE 4        | - /                                   |                                         |                                       |     |                                         |                                       |
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| . ER                                                              | •                          |             |                                       | l'                             | ATTENONG P         |                                       |                                         |                                       |     |                                         | E PHYLICIAN                           |
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|                                                                   |                            |             |                                       |                                | ΕΩΒ                | D. APT                                | MUAT W                                  |                                       | [`  |                                         |                                       |
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Northern Illinois Medical Center

Patient Name: DULBERG, PAUL R Account Number: B1117900323 NIMC Radiology

Northern Illinois Medical Center

06/28/2011

10135 RIGHT FOREARM 2139703

HISTORY:

Chain saw versus forearm, forearm laceration.

**IMPRESSION:** 

Right forearm films demonstrate no fracture or radiopaque foreign body. There is deep soft tissue laceration along the ventral surface of the mid

forearm.

FINDINGS:

This exam consists of two views of the right forearm which demonstrate deep laceration on the ventral aspect of the mid forearm as best visualized on the lateral view. No fracture or radiopaque foreign body is identified.

cc:

Apiwat W. Ford, D.O. Donald R Kennard, M.D. Frank Sek, M.D.

Electronically Authenticated Donald R Kennard, M.D. 06/28/2011 18:18 815-759-4683

D 06/28/2011 T 06/28/2011 5:19 P / LBA Northern Illinois Medical Center

NIMC Radiology

PRINTED BY: SJS0422
DATE 12/08/2011

**Centegra**HealthSystem B1117900323 DULBERG, PAUL R M 41Y 03/19/1970 06/28/2011 0000109381 Centegra Hospital - McHenry

| FIA                                                   | ERG                                           | ENCY AL                   | MISSIC                  | <u>)N ASSESSN</u>                          | IENT                      |                                                       |                                                 |                                                                                                                          |
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| TIME T<br>TIME T<br>ED BE<br>EXPRE<br>ESI: C<br>Prima | RIAGEO<br>FO TREA<br>D#<br>ESS BED<br>1 1 2 2 | MENT AREA:                | 25k                     | BROUGHT BY:  Self Rela Police Duries Other | ative b                   | DE OF ARRIVAL<br>WC<br>Stretcher<br>Carried<br>Walked | TREATMENT PTA    Ico                            | □ Patient Band applied □ Hand Off Communication Band applied □ Security watch  10 of Injury: □ Room air □ O₂ Pain Level: |
| Chle                                                  | f com                                         | plaint/reasc              | on for visit            | 54040                                      | 10 0/0                    |                                                       |                                                 | Rt armoles                                                                                                               |
|                                                       |                                               | <del></del>               |                         |                                            | <del></del>               | Triage                                                | DN _                                            |                                                                                                                          |
| CUF                                                   | RENT                                          | MEDS D-Qei                | nies                    |                                            |                           | ALLERGIES<br>Medications:                             | BUKA TYN                                        | REACTION 3                                                                                                               |
|                                                       |                                               | <del></del>               |                         |                                            |                           | ļ                                                     | <del> </del>                                    |                                                                                                                          |
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| L                                                     |                                               |                           |                         |                                            |                           |                                                       |                                                 |                                                                                                                          |
|                                                       |                                               |                           |                         | · · · · · · · · · · · · · · · · · · ·      | <del></del>               | Other: 🗆 Lat                                          | ex 🛘 Dve                                        |                                                                                                                          |
| Meds                                                  | roviewe                                       | d by:                     |                         |                                            | Res                       | ·                                                     |                                                 | J Nursing home D Group home                                                                                              |
| Do you                                                | ugo bar<br>u feel sa                          | Tier Liyes<br>Me athome⊅` | Interpreta<br>Vos. El N | or Name/ATT Numb                           | er:                       | Dother                                                | ite & Family D Alone D                          |                                                                                                                          |
| Crisis/                                               | Social V                                      | Norkar □ Noti             | fied:                   | D Hore:                                    | tt tent om tugt tr        | ireatens, intimic<br>DNR Rasou                        | lates or harms you in any                       | way? Yes No                                                                                                              |
|                                                       | _                                             |                           |                         | -                                          |                           |                                                       | 1000 001100,                                    | time;                                                                                                                    |
|                                                       | Yes<br>□ Δω                                   | toirmmuno                 | Yes                     | the A A tools and a                        | Yes                       |                                                       | Yes                                             | Yes                                                                                                                      |
| None                                                  | ☐ Ast                                         | thrna                     | ☐ Endocri               | lia/ Alzheimer's<br>na                     | ☐ Headaches/☐ Head inj pa |                                                       | ☐ Pressure Ulcer                                | ☐ Infectious diseases                                                                                                    |
| Ž                                                     | □Ba                                           | ck problems               | ☐ Gl prob               | loms                                       | ☐ Hyportensio             | n                                                     | ☐ Recent exposure ☐ Reproductive problem        | S FLVRF                                                                                                                  |
|                                                       | □ Blo<br>□ Ca                                 | od disordars              | □ GU Pro                | blerns                                     | ☐ MusculoSke              | letal problems                                        | ☐ Respiratory problems                          | D Chicken Pox                                                                                                            |
| ary                                                   | □ Ca                                          | rdiovascular              | ☐ Glaucor               | ma<br>. problem:                           | Noure problem             | ems                                                   | □ Seizures                                      | ☐ Moasles /                                                                                                              |
| list                                                  | LI CH                                         | F                         | Di Heart m              | lurmur                                     | D PsychoSoci              | at problems                                           | ☐ Skin problems<br>☐ Vision problems            | □ Shingles<br>□ Strep Throat                                                                                             |
| Έ                                                     | LMP;                                          |                           | ☐ Normal                | □ Abnormal                                 | •                         |                                                       | ·                                               | C Other:_                                                                                                                |
| οğς.                                                  | Expa                                          | gnant<br>nded/surgice     | □ No                    | Unsure                                     | GravaPara                 | Ab                                                    | FHΥ ·                                           |                                                                                                                          |
| Past Medical History                                  |                                               | , ra o o o o o o o o o o  |                         | Lt erv                                     | 72 77Y                    | <del></del>                                           |                                                 |                                                                                                                          |
| 25                                                    | · · · · · · · · · · · · · · · · · · ·         |                           |                         |                                            |                           | <del></del>                                           |                                                 |                                                                                                                          |
| <u> </u>                                              | impia                                         | nted medical d            | device: 🖸 P             | acemaker □ lV acc                          | ess D Eye                 | □ Knee □                                              | Hip AICD Other:_                                |                                                                                                                          |
| TB<br>Hist                                            |                                               | □ None E                  | Ever had a p            | ositive TB tost? [] `                      | Yes DWo FI Se             | If-history of TR                                      | ☐ Family history of TB<br>☐ Fatigue ☐ Recent in | D.Courb D.F.                                                                                                             |
| Vac                                                   | cine                                          |                           |                         | N/A D Up to date □                         | >5 years 🔘 Ur             | isure Pe                                              | edlatric immunization 🔲 I                       | Up to date [] No [] Unsure                                                                                               |

EDN10000-00 07/08 10/08 03/09 12/08 03/10 13EDRN\*

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| ADMISSION ASSESSMEN                                                                                                       | NT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                     | Mark drawing w<br>1. Abrasion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ith number:                                       |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| Do you currently have pain? ☐ Type of pain: ☐ Burning ☐ Dul ☐ Other: Pain Scale used: ☐ Wong Bake ALCOHOL INTAKE: ☐ Never | Yes 1:0 Yes 1:0 Yes 1:0 Yes 1:0 Yes 1:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:0 Yes 2:       | Chronic ☐ New Onset<br>Sharp ☐ Achy                                                                                                 | 2. Amputation 3. Avulsion 4. Bleeding 5. Burn 6. Bruise 7. Deformity 8. Fracture 9. GSW 10. Hematoma                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Right Right                                       |
|                                                                                                                           | Last Used: Occasionally IS DAILY Date Quit:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                     | 11. Laceration<br>12. Pain<br>13. Stab wound<br>14. Foreign bod<br>15. Pressure uk<br>16. Leg ulcer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | y ser : U U U U U U U U U U U U U U U U U U       |
| Roactive                                                                                                                  | □ Distross □ None □ Mild □ Moderate □ Severe □ Stridor □ Nasal Flaring □ Retractions □ Productive cough: □ Unproductive cough                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | □ Correction  Ear Drainage: □ You  Describe:  Epistaxis: □ NA R  Controlled □  Uncontrolled □  THROAT: □ Diff, sypatking □ Drooling | 6<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Gl/Abdominat:  NA Denies   3 oft                  |
| Associate Signature/In                                                                                                    | SENHANCED FALL RISK No risks I<br>DAY MALL TO E<br>DEF CHAIM<br>ALL CONTROL  AND NO INC.  TO THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTING  THE SENTI | Associate Signature                                                                                                                 | Work () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () FOR () F | exten. H<br>extensed<br>(Sand<br>(FB) HC<br>FORMS |
| Nouvoide Signature/in                                                                                                     | Mais. HALLAND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Associate Signati                                                                                                                   | ure/injuais:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                   |

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# ADMISSION ASSESSMENT

| MD/DO<br>Order<br>Time<br>MD/DO<br>Initials |             | er<br>e<br>/DO |              | L                                   | _ab                | MD/DO<br>Order<br>Time<br>MD/DO<br>Initial |                                        | Lab                                              |                        | MD<br>Ord<br>Tim<br>MD<br>Initi | e<br>DO                               | Medi        | cal Imaging                                       |                                       | MD/DO<br>Order<br>Time<br>MD/DO<br>Initial       |              |
|---------------------------------------------|-------------|----------------|--------------|-------------------------------------|--------------------|--------------------------------------------|----------------------------------------|--------------------------------------------------|------------------------|---------------------------------|---------------------------------------|-------------|---------------------------------------------------|---------------------------------------|--------------------------------------------------|--------------|
| □ ABG                                       |             |                | ΠP           | П                                   |                    |                                            | □ woi                                  | und culture                                      |                        | 1 "                             | <u> </u>                              | DTS         | Spine                                             |                                       | 11111121                                         |              |
| ☐ Amylase                                   |             |                |              | DR                                  | SV                 |                                            |                                        |                                                  |                        |                                 | 1                                     |             |                                                   | Spine                                 |                                                  | <del> </del> |
| 🗅 Blood Cu                                  | lture       |                |              | OS                                  | alicyla            | ite                                        |                                        | <del>                                     </del> |                        |                                 | 1                                     |             |                                                   | rasound-                              |                                                  | <del></del>  |
| □ BMP                                       |             |                |              | D S                                 | putum              | culture                                    |                                        | 1                                                |                        |                                 | †****                                 |             |                                                   | Scan-Brain                            |                                                  | <del></del>  |
| D BNP                                       |             |                |              |                                     | trep               |                                            |                                        |                                                  |                        |                                 |                                       |             | □СТ                                               | Scan-C Sp                             | Ine                                              |              |
| □ CBC w/di<br>□ CMPL                        | 111         |                |              |                                     | richim             |                                            |                                        |                                                  |                        |                                 |                                       |             | □ Cī                                              | Scan-Ches                             | t                                                | <del> </del> |
| D. Dimer                                    |             |                |              |                                     |                    | n 🗆 POC                                    |                                        |                                                  | /Miscellan             | oous                            |                                       |             |                                                   | Scan-Ches                             |                                                  |              |
| □ Digoxin L                                 |             |                |              |                                     | ylenol             |                                            |                                        | LI O <sub>2</sub>                                |                        |                                 | <u> </u>                              |             | <del>, , , , , , , , , , , , , , , , , , , </del> | Scan-Abd/                             | Pelvis                                           |              |
| ETOH                                        | GARI        |                | <del></del>  |                                     | ype &<br>ype &     | screen                                     |                                        |                                                  | G Time Acqu            | ired                            | ļ                                     |             | □ MF                                              |                                       |                                                  | <u> </u>     |
| □ GC/Chlar                                  | nydia       |                |              |                                     | of unit            |                                            | ļ                                      | Time I                                           | Read<br>G Time Acqu    | ٠                               | <del> </del> -                        |             |                                                   | ST Scan                               | <del></del>                                      |              |
| □ Hepatic F                                 | anel        |                | ····         | ПU                                  |                    | 15                                         |                                        | Time                                             |                        | nrea                            |                                       |             |                                                   | Preg Ltd U                            |                                                  | ļ            |
| HCG Qua                                     | litative    | ; <u> </u>     | ~            |                                     | <u> </u>           | lex culture                                | <del></del>                            |                                                  | ical Imag              | inc                             | +                                     | ····        | H ED                                              | Preg follow<br>Pelvis Ltd             | ig<br>up 02                                      | <del> </del> |
| HCG Qua                                     |             |                |              |                                     | rine C             |                                            | <del></del>                            |                                                  |                        | HITH                            | ┼                                     |             | <del> </del>                                      |                                       |                                                  | <u> </u>     |
| ⊒ Influenza                                 |             |                |              |                                     |                    | rug Screen                                 | <b></b>                                |                                                  | est PA/Lat<br>est Port | •                               | <del> </del>                          |             | 4                                                 | Abd Aorta                             |                                                  | ļ <u>.</u>   |
| 1 Lipase                                    | 377001      | <del></del>    |              |                                     | rine H             |                                            | <u> </u>                               |                                                  |                        |                                 | <del> </del> -                        |             |                                                   | Doppler pe                            |                                                  | ļ            |
|                                             |             | -              | 1            |                                     |                    |                                            |                                        | □ C-S                                            | phiue                  |                                 |                                       |             | լաես                                              | Venous Du                             | pix Ext                                          | 1            |
| MRSA                                        |             |                |              | ☐ Pos ☐ Neg ☐ POC ☐ Urine Dip ☐ POC |                    |                                            | TI Y T                                 | ☐ X-Table                                        |                        | ┪                               |                                       | LIED        | Trauma tra                                        | ne acho                               | <del> </del>                                     |              |
| □PT                                         |             |                |              |                                     | el pre             |                                            |                                        | Pel                                              |                        | <del></del>                     | ╁                                     |             |                                                   | Trauma ab                             |                                                  | ļ            |
|                                             |             |                |              |                                     | P. U               | F                                          | L.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                                                  |                        | 272                             | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | <del></del> | 1 4 50                                            | riauria di                            | u IIU                                            | Ĺ            |
| MD/DO<br>Order C<br>Fime &<br>nillals       | ORB         | Start<br>Time  | Stop<br>Tim  |                                     | IV                 | Solution & Ar                              | nouni                                  | Warm<br>Y/N                                      | Additive               |                                 | Site                                  |             | Size                                              | Rale                                  | Amt<br>Infused                                   | Initials     |
|                                             | -           |                |              |                                     |                    |                                            |                                        |                                                  |                        |                                 |                                       |             | 4                                                 |                                       |                                                  |              |
| Height:_                                    | 5           | 094            | _ Pt \       | Weig                                | ıht:               | 145                                        | Alierç                                 | jies: _/                                         | IKIX                   | 7                               |                                       |             |                                                   |                                       |                                                  |              |
| Order O                                     | RB          | Time<br>Given  | Slop<br>Time |                                     | Pain               | Medication                                 |                                        | Dosage                                           |                        | Site                            | Init                                  | ials        | Time                                              | Effects                               | Pain<br>Scale                                    | tnitials     |
|                                             | <del></del> | Kit -          |              | -4#                                 | 7                  | KIORE                                      | 7-7                                    | 1011                                             | -                      |                                 | 72.74                                 | 772         | 2/17                                              | 2581100                               |                                                  | 2/-          |
| 7/1/2                                       |             | 15/12          | -            | - <del>[/`</del>                    |                    | 1111                                       | CICH                                   | 200                                              | <del>///</del>         |                                 | $\mu u$                               | 77          | 10                                                | JOONEY                                | 47_                                              | WILL         |
|                                             | 7           |                |              |                                     |                    | 23500                                      | rine                                   | 2,200                                            | 000                    | Os F                            | ₩₩                                    | 24          | ,,,,,                                             | <del>[</del>                          |                                                  |              |
|                                             | _           | 4.             |              | _                                   | 4                  | ingan na                                   | 10/14                                  | CICATIA                                          | 1.12.11                | 7                               | 7.4                                   | ~           |                                                   |                                       | +                                                | <del> </del> |
|                                             | $\Box$      |                |              |                                     |                    |                                            |                                        |                                                  |                        |                                 | 1                                     | <del></del> |                                                   | <del> </del>                          | <del>                                     </del> | <del> </del> |
|                                             |             |                |              |                                     |                    |                                            |                                        |                                                  |                        | ļ                               |                                       | · · · · · · | · · · · · · · · · · · · · · · · · · ·             |                                       | <del> </del>                                     | <del> </del> |
| T# 0.5                                      |             |                |              |                                     |                    |                                            |                                        |                                                  |                        |                                 |                                       |             |                                                   |                                       | T                                                | <b></b>      |
| Td 0.5mL                                    | IJ Tda      | p 0,5mL        | דז 🗆         | 0.5n                                | nL "               | Time:                                      | Site:                                  | RN:                                              | Lot#                   |                                 | Exp                                   | )           | Mfr                                               | · · · · · · · · · · · · · · · · · · · | U VIS                                            | Given        |
| ech:                                        | ·           |                |              |                                     | Initial<br>Initial |                                            | C<br>Tww                               | ] Nursir<br>] Vitals<br>Tech: _<br>Physic        | Reviewe                | sment                           | and I                                 | Medi        | cation                                            | Reconcili<br>Initials<br>Initials     | :                                                | viewed       |

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DAT**EMERGENCY/ADM/实验QN ASSESSMENT** Page 3 of 4

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# **Centegra**HealthSystem

### **EMERGENCY ADMISSION ASSESSMENT**

| Time                   | Blood pressure                                            | Pulse                                 | Resp            | Temp                        | SpO2                                             | 02                      | GCS E/V/M         | Monitor                           | Intake              | Quiput        |
|------------------------|-----------------------------------------------------------|---------------------------------------|-----------------|-----------------------------|--------------------------------------------------|-------------------------|-------------------|-----------------------------------|---------------------|---------------|
|                        | -                                                         | ļ                                     |                 |                             | <u> </u>                                         |                         |                   |                                   |                     | - 7 3.54.     |
|                        |                                                           |                                       | <del> </del>    | <del></del>                 |                                                  |                         | 1 \               | <u> </u>                          |                     |               |
|                        |                                                           | · · · · · · · · · · · · · · · · · · · | <del> </del>    | <del> </del>                |                                                  |                         | 1 / \             |                                   | <del>-  </del>      |               |
|                        |                                                           |                                       |                 |                             | <del>                                     </del> | ·                       | - <del> </del>    | <del> </del>                      | <del></del>         | <del></del> - |
|                        |                                                           |                                       |                 |                             |                                                  |                         | / A               |                                   |                     |               |
|                        |                                                           |                                       | <del> </del>    | ļ                           |                                                  |                         | ///               |                                   |                     |               |
|                        | Orthostatic Lying                                         | J                                     | Sitting:        | <u> </u>                    | Standing                                         | <u>l</u>                | /                 |                                   |                     |               |
| Treatment              | ts/Procedures:                                            |                                       |                 |                             |                                                  |                         |                   |                                   |                     |               |
| O Os Thei              | raby:                                                     | 🖸 intui                               | paled           | ח                           | Respiratory                                      | treatment'              | Nak               | . Tv· r                           | T Cont Bules Ov     |               |
| □ Chost t              | e # @ r puncture:                                         |                                       | ☐ Time Out;     |                             | Eye irrigatio                                    | n:                      | Neb<br>□ D Ea     | r irrigation:                     |                     |               |
| ☐ Lumbar               | 6 \$@                                                     |                                       | _Character:     | TI C.                       |                                                  | ☐ Gastri                | c lavage:         |                                   |                     | <del></del>   |
| □ Pelvic e             | exam:                                                     |                                       | . ∪<br>Stra     | rime Out: _<br>aight Cath/C | UD @                                             |                         | □ Se              | e neuro assessi<br>idder scan Ame |                     |               |
| Blood Gluc             | cose value:<br>luos Age 60 or more<br>lue; Age newborn to |                                       | Time:           | By: _                       | UD@                                              |                         | _ □ Co            | ntinuous Cardia                   | c Monitorino        | <del></del>   |
| Normal Va<br>Normal Va | luos Age 60 or more                                       | (80-99 n                              | ng/di), 13-60 y | r. (75-99), 1               | mo13 yr.                                         | (60-88) Crit            | ical Value less t | han 40 or more                    | than 400            |               |
|                        | lue; Age newborn to                                       | 10 (40-6                              | o mg/ai) 1a-1   | Mo. (50-99)                 | Critical Val                                     | ue less thar            | 1 40 or more tha  | n 200                             |                     |               |
| <b>Д</b> Мопич         | Care                                                      | /                                     | □ Dressing:     | Шo                          | rthe Care:                                       |                         |                   | ☐ Crutches                        |                     |               |
| r<br>□ Irrigation      | Care UV                                                   | NS                                    |                 |                             | e Time:                                          |                         |                   |                                   | own crutches        |               |
| □ Soak:                |                                                           | •                                     | ☐ Adaptic       |                             | levate Timo:                                     |                         |                   |                                   | alking instr/ret de | ma            |
| htisept                | ic Wash                                                   |                                       | □ 4X4           |                             |                                                  |                         | D Tubi Grip       |                                   | olint:              |               |
| d Other:               |                                                           |                                       | □ Kling         |                             | nee immobil                                      |                         |                   |                                   | mold:               |               |
|                        |                                                           |                                       | □ Tube gauzi    |                             | houlder imm                                      |                         | <del></del>       |                                   | TIOIG.              |               |
|                        |                                                           |                                       | D Steristrip    |                             | ce Wrap                                          |                         |                   |                                   |                     |               |
| Isolation 1            | Гуре:                                                     |                                       | D Burn dress    |                             | MV's after in                                    | nmobilization           | 1                 |                                   |                     |               |
|                        |                                                           |                                       |                 | <del></del>                 |                                                  |                         |                   |                                   |                     |               |
| DISPOSIT               | ION: OHome                                                | 🗆 Jail 🖂                              | Nursing home    | VFCC                        | □ Inna                                           | tient 🖂 Obs             | sorvation 🗆 Surg  | iosl                              |                     |               |
| □ Other to             | icility:                                                  | □ Expir                               | ed 🗆 AMA        |                             |                                                  |                         | _Time;            |                                   | ed by:              |               |
| Mode: □ γ<br>□ Other:  | VIC DUNAIK D Cari                                         | y □ Amb                               | ulance:         | <del></del>                 | DER)                                             | old from                | to                |                                   | , <u> </u>          |               |
|                        | H: □ Self □ Family                                        | NO-Frien                              | d D Police      |                             | □ To u                                           | nit/room #              | Old chart in E    | : D Cl Ob - 4 ) - 0 -             |                     |               |
| ±13)ischar             | ne Instructions aivoi                                     |                                       | ac undaratand   | lina                        | □ Disc                                           | na chan<br>haroe Pain I | Dovoj.            | :O Li Chart to no<br>(0-10)       | 101                 |               |
| Dischar                | ge Pain Level:                                            | (0-10)                                | CCS/S RTS       | 3:                          | 1                                                | GCS:                    | ovol:RTS:_        | (5 ,5,                            |                     |               |
| is char                | go by: / \                                                | WILL                                  |                 | 1 1-                        | - 1                                              |                         |                   |                                   |                     |               |
| Discharge              | Vital Signs:                                              |                                       | <u> </u>        | 13                          | Skin Int                                         | egrity Intact           | ☐ Yes ☐ No (s     | ee documentati                    | on)                 |               |
| Discharge              | Summary                                                   |                                       | 1000            | ()                          |                                                  |                         |                   |                                   |                     | <del></del>   |
| RN: VV                 | wer !                                                     | DEL                                   | miti            |                             | RN:                                              |                         |                   | 11                                | ıltials:            | _             |
| Tech:                  | HERCEU #                                                  | UHS                                   | Initi           | als: <b>KK</b>              | <u> </u>                                         |                         |                   |                                   | ·                   | <del></del>   |

EMERGENCY ADMISSION ASSESSMENT PRINTED BY: \$3504₽₽

DATE

12/08/2011

| Centegra Hospital-N                                                                                                                                                                                         | achenry                                                                                  |                                                                                                                                                                                                             |
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| © 1996-2006 T-System, Inc. Circle or check affirmatives, backstash () negatives.  106 ++CentegraHealthSystem EMERGENCY PHYSICIAN RECORD Upper Extremity Injury (4)                                          |                                                                                          | B1117900323<br><b>DULBERG, PAUL R</b><br>M 41Y 03/19/1970<br>06/28/2011<br>0000109381<br>SCML LACSMA                                                                                                        |
| DATE: 6/28/// TIME: 14/57 On arrival ROOM: EMS Arrival EMS treatments ordered HISTORIAN: patient spouse paramedics HX/_EXAM LIMITED BY: HPI                                                                 | FOREARM / ELBOWnml inspectionnon-tender _fiml ROM* ARM /                                 | sae diagram                                                                                                                                                                                                 |
| chief complaint: injury to: right./left hand wrist forearm elbow arm shoulder collar-bone area                                                                                                              | SHOULDERmini inspectionmon-tendermini ROM*                                               | tenderness soft-tissue / bony swelling / ecchymosis limited ROM deformity                                                                                                                                   |
| duration / occurred:  just prior to arrival home school neighbor's park work street  days ago  aeverity of pain:  mild moderate severe pain intermittent / losting  context: fall blow incised crushed burn | Man KOM                                                                                  | agormic)                                                                                                                                                                                                    |
| ROS suspected FB (skin lac) trouble breathing / chest pain toss feeling / power arms / legs loss of bladder function recent fever / illness other injuries                                                  |                                                                                          |                                                                                                                                                                                                             |
| nausea / vomiting □ all systems neg except as marked  SOCIAL HX smoker drug use / abuse  recent ETOH lives alone lives at home lives in nursing home  FAMILY HX negative                                    |                                                                                          |                                                                                                                                                                                                             |
| PAST HX                                                                                                                                                                                                     | sc                                                                                       |                                                                                                                                                                                                             |
| PHYSICAL EXAM  GENERAL APPEARANCE c-collar (PTA / in ED ) / backboard no acute distress mild moderate / severe distress anxious                                                                             | D-Caternti<br>(4                                                                         | oint Tenderacss S-Swelling R-Ecchymasis B-Burn C-Coatusian<br>an A-Abratian M-Muscle spssm PW-Puncture Wound<br>I-without m-mild mud-moderate n-servetel<br>Example. Ten - Tenderness on palpation (severe) |
| EXTREMITIES HAND see diagram nml inspection tenderness soft-tissue / bony non-tender swelling / ecchymosis deformity  WRIST see diagram nml inspection tenderness soft-tissue / bony                        | NEURO / VASC Sensation Intact motor intact no vascular compromise tendon function normal |                                                                                                                                                                                                             |
| non-tender tenderness in anatomical shuff box nml ROM* wrist pain on axial drumb load swelling / ecchymosis limited ROM                                                                                     |                                                                                          |                                                                                                                                                                                                             |

PRINTED UPPER EXTENSION OF NIMC DATE 12/05/2011

\_deformity\_

\*3EDTSN\* / Rev. 08 / 07

|                                        | Centegra Hospital-M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | IcHenry                                                   | A TARAH SATI DIR PATRA PATRA DINTER LIMIK DIPER DARBA MANDA DIBER AND ANDRA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| SKIN                                   | diaphoretic / cool / cyanotic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                           | B1117900323                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| warm, dry                              | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                           | DULBERG, PAUL R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| HEAD ENT                               | tenderness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                           | M 41Y 03/19/1970<br>06/28/2011                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| nml inspection                         | swelling / ecchymosis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                           | 0000109381                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| pharynx nml                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| NECK / BACK                            | tanderness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| nmi Inspection                         | swelling / ecchymosis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 140 4 140 ET                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| non-tender                             | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | XRAYS Interp                                              | b. by me Reviewed by me Discad w/ radiologist                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| RESPIRATORY                            | tenderness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (R/L hand wris                                            | f forearm elbow humerus shoulder                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| thest non-tender breath snds nml       | _swelling / ecchymosis / abrasions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | _normal / NAD                                             | _DJD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| eaut snos nmi                          | crepitus / subcutaneous emphysema<br>decreased breath sounds                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | polracture                                                | _dislocation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| •                                      | wheezes / rales / rhonchi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | nml alignment                                             | soft-tissue swelling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| cvs                                    | tachycardia / bradycardia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | no foreign body                                           | positive anterior fat-pad signpositive posterior fat-pad sign                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| heart sounds nml                       | cacity cat old 7 prady cat dia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b> </b>                                                  | foreign body                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| GI (ABDOMEN)                           | tenderness / guarding                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                           | fracture non-displaced displaced                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| non-tender                             | conductions & Sant Milk                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                           | transverse oblique comminuted angulated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| nml bowel snds*                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | erm platiks Hibseriania wir da balladdin sala maer ciasa. | mport management as promoterios (cast meshé inconceas i menuscripto) person provincio en del liserario del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del constitucio del con |
| PROCEDURES                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Other study:                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Wound Descripti                        | on / Repair DECREAREN BIELL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PROGRESS                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| length ///m<br>linear irregu           | location (270) Carrier (2014)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Time                                                      | unchanged improved re-examined                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| superficial subc                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| contused tissue                        | lip laceration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                           | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                        | inated minimally I moderately / *heavily                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <u> </u>                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| with_                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | initial fracture care                                     | provided: follow-up on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                        | o & vascular status intact no tendon injury                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Rx given                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| anesthesia: local                      | LET / tetracaine / adrenaline / cocaine / 5. ml.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | referred to / discuss                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| (marcaine 0.25%)0,5                    | % Ildoc 1% 2% epi/bicarb digital/metacarpdlblock                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | will see patient in:                                      | ED / hospital / office indays                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| prap: \$2                              | required; see attached 23d template NURCLENS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <u>CLINICAL I</u>                                         | MPRESSION Fall Alleged Assault                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Betadine / scrub                       | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Contusion / R                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| irrigated / washed w/                  | Saline 12 Ma debrided                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Hernatoma                                                 | arm elbow hand                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| minimal / mod. / '                     | "extensive minimal mod. / * ' *extensive                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Sprain / Strain                                           | 114170                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| wound explored                         | undermined                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Dislocation                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| foreign material rem                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Laceration                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| partially complete                     | • • • • • • • • • • • • • • • • • • • •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                           | . radius distal / shaft / proximal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| minimal / mod. / 'no foreign body iden |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           | ulna distal / shaft / praximal / ulnar styloid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                        | alled                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1                                                         | humerus distal / shaft / proximal / supracondylar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| repair; Wo                             | ynd closed with: wound adh <u>esiv</u> e / steri-strips                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                           | Colles fracture stabilized / restorative                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| ; SKIN- #_/                            | 4-0 nylon / prolene / staples                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| int                                    | errupted running simple mattress (h/y)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | DISPOSITION:                                              | transferred home admitted expired                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| *SUBCUT-#_                             | 3 4-0 (vicryi / chromic)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Time                                                      | AMAgood                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| OTHER. #                               | errupted running simple mattress (h/v) -0 material                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | [                                                         | stable unchanged mprayed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                        | errupted running simple mattress (h/v)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ,                                                         | Treat of Box                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| muy indicate intermedia                | ite repair finay indicate complex repair                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                           | DECIDENT / DA / MID DIOMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| splint Vekro OCL                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           | RESIDENT / PA / NP SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Volor The                              | Ontho-glass / Plaster Aluminum-foam<br>Imb spica Ulnar Wrist Sugar-Tong Cock-up Colles                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ATTENDING NOT                                             | E: history reviewed, patlent interviewed and examined,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                        | rysician / Orthopedist / Tech                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Briefly, pertinent HPI is                                 | nistory reviewed, patient interviewed and examined,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                        | plint application NV intect olignment good                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | My personal exam of pa                                    | itlent reveals;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           | viewed with resident / midlevel. Lab and ancillary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 1                                      | mity reduced no compartment syndrome                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | studies show:                                             | of:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| sling                                  | educed with supination                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _Care plan reviewed.                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| foreign body remove                    | d with forces with incision                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Please see resident / mi                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| closed reduction                       | d with forceps with incision                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Bita                                                      | A 7025.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| 1                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | uhaman olfung                                             | ire RTI# turned care over at                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

Physician Signature

Underline Indicates organ system

\* equivalent or minimum required for organ system EdanNTED BY: SJS 04 ZZ

Template Complete Additional T-Sheet Upper Extremity Injury - 06

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RTI#

# **RESTRICTIONS / RELEASE FORM**

| Northern Illinois Medical Center Emergency Department 4201 Medical Center Drive McHenry, Illinois 60050 (815) 344–5000                                                                                                                                                                                                                                  | Memorial Medical Center<br>3701 Doty Rd.<br>Woodstock, Illinois 60098<br>(815) 334-3900           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| PHYSICIAN SIGNATURE    May return to   work   school   gym without restriction.    May not return to   work   school   gym for   day(s).    May return to school with the following restrictions:    Gym/Sports restrictions are   day(s).                                                                                                              | DATE (128 201)  1117900323  DULBERG, PAUL R  M 417 03/19/1970 08/28/2011 B D00D109381  forday(s). |
|                                                                                                                                                                                                                                                                                                                                                         | /siness                                                                                           |
| <ul> <li>☐ Must keep elevated forday(s).</li> <li>☐ Sedentary work only for day(s).</li> <li>☐ Must use crutches for day(s).</li> <li>☐ No overhead work for day(s).</li> <li>☐ No bending or twisting for day(s).</li> <li>☐ Must wear immobilizer for day(s).</li> <li>☐ No climbing on ladder or stairs for day(s).</li> </ul>                       | LIMITED WORK WITH NO WORK WITH Right Left Hand Hand Arm Arm Foot Foot Leg Days                    |
| Other  See your physician in days for reevaluation.  All patients are referred to their personal physicians or a doctor on the staff of the obtained from that doctor and not the Emergency Department.  I (or responsible person) have/has received and understand(s) the instruction Patient signature (or responsible person):  PRINTED BY: SJS04/22 | s to follow as noted above.                                                                       |
| DATE 12/08/2011<br>EMCARE, INC                                                                                                                                                                                                                                                                                                                          | ED 102 NIMC/MMC                                                                                   |

MEDICAL RECORDS COPY

#### Centegra Northern Illinois Medical Center 4201 Medical Center Drive McHenry, IL 60050 (815) 344-6000

Patient: PAUL DULBERG, Med. Rec. #: B0000109381, Visit #: B1117900323, Date: 06/28/2011 Time: 17:02

#### Home Care Instructions

IMPORTANT: We examined and treated you today on an emergency basis only. This was not a substitute for, or an effort to provide, complete medical care. In most cases, you must let your doctor check you again. Tell your doctor about any new or lasting problems. We cannot recognize end treat all injuries or illnesses in one Emergency Department visit. If you had special tests, such as EKG's or X-rays, we will review them again within 24 hours. We will call you if there are any new suggestions. You were treated today by: Ford, Apiwat W...

After your visit to our Emergency Department, you may receive a survey in the mail. We want to be sure we have given you yery good care and we ask that you please fill out the survey and return it in the mail.

After you leave, please follow the instructions below.

#### This Information is About Your Follow Up Care

Call as soon as possible to make an appointment to see your doctor in 10 days for suture removal. You can reach your doctor by calling their clinic phone number.

Please return to the Emergency Department in 10 days for suture removal if you would prefer to have the sutures removed in the ER. We do recommend that you follow-up with your Primary Care Physician but you can return to the ER for removal of your stitches if you choose...

### This information is About Your Illness and Diagnosis

#### WOUND CARE (with stitches)

Your wound was closed with stitches. These are small threads that keep the skin closed to help it heal. You have 3 internal and 11 external stitches. These should be removed in 10 days.

#### At home, please follow these instructions:

- Wash your hands before touching the dressing or wound.
- Keep the wound clean and dry.
- After 2 days, wash the wound gently with warm water and soap. Pat it dry.
- Put a light dressing on it if it rubs or there is drainage.

#### Call your doctor if:

- you have redness, pain, or swelling in the area of your stitches.
- your wound drains pus.
- your stitches come out before your wound is healed.
- you have any new or bothersome symptoms.

This is information About Your New Medications - Start taking as prescribed.

HYDROCODONE and ACETAMINOPHEN (Vicodin, Vicodin ES, Lortab, Lorlab elixir, Zamicét, Norco, Zydone, Anexsia, Anolor, Bancap HC)

Take this medicine by mouth with food in the following dose: one 10mg/325mg tablet every 4 to 6 hours if needed for path, Do not take more than as directed per day (24 hours).

This is a mixture of medicines (hydrocodone and acetaminophen) used to relieve moderate to severe pain. This medicine may be used for other reasons, as prescribed by your doctor.

#### Side effects may include:

- sleapiness or dizziness
- upset stomach, nausea or vomiting
- constipation

Other side effects may occur, but are not as common. <u>Alleray would show up as:</u> rash or itching, facial or throat swetling, wheezing or shortness of breath. This medicine can be habit forming if used for a long period of time.

#### Follow these instructions:

- Never take more of this medicine than prescribed. Too much acetaminophen in your body can cause liver damage.
- Read the labels of non-prescription medicines before taking them. Many contain acetaminophen. To avoid an overdose, do not take any other medicines that contain acetaminophen.
- Talk to your doctor or pharmacist before taking medicines for sleep, colds or aflergies. Severe drowsiness may occur.
- Do not share this medicine with others as this medicine is a controlled-substance. Sharing this medicine with others is against the law.
- To avoid constipation while taking this medicine:
  - Drink plenty of liquids. Try to drink 8 to 10 eight-ounce glasses of water or julce each day.
  - · Include extra fiber in your diet.
  - · Exercise daily,
- Watch for signs of dependence:
  - · feeling that you "cannot live without this medicine".
  - you need more of this medicine than before to get the same relief.
- Do not drink alcohol, drive or operate machinery until you know how this
  medicine affects you.
- · Store this medicine away from heat, moisture or direct light.
- If you are taking this on a regular schedule and you miss a dose, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and return to your regular schedule. Do not double the doses.
- Talk with your doctor before taking any other medicines (including vitamins and herbals) as you may require additional monitoring.

#### Call your doctor if you have:

- any sign of dependence or allergy,
- increased pain not helped by the pain medicine.
- · slow, weak breathing.
- seizures.
- · slow or irregular heart beat.
- a yellow-color to your skin or eyes, or dark urine.
- stomach pain.
- unusual or extreme tiredness.
- · eny new or severe symptoms.

#### CEFADROXIL (Duricef)

Take this medicine until gone in the following dose: 500 mg by mouth 2 times a day for 5 days.

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DATE

Paiga Mand Paul R

Account Number, B1117900323

#### Centegra Northern Illinois Medical Center 4201 Medical Center Drive McHenry, IL 80050 (815) 344-5000

Cefadroxil is an antibiotic used to treat infections caused by bacteria. Antibiotics kill bacteria or prevent them from growing inside your body. This medicine may be used for other reasons, as prescribed by your doctor. Side effects may include:

- diarrhea
- upset stomach, nausea or vomiting
- headache

Other side effects may occur, but are not as common. An upset stomach is not a sign of allergy. Allergy would show up as rash or Itching, facial or throat swelling, wheezing or shortness of breath.

#### Follow these instructions:

- Space your medicine doses evenly throughout the day. This medicine
  works best if there is a constant amount in your blood.
- Take this medicine with food to avoid an upset stomach.
- Swallow the capsule and tablet form of this medicine whole with a full 8-ounce glass of water.
- For diabetics, this medicine can cause false test results when testing your urine for sugar. Talk with your doctor if you have questions.
- Store the tablet or capsule form of this medicine away from heat, moisture
  or direct light.
- Store the liquid form of this medicine in the refrigerator. Shake the liquid well before each use.
- If you miss a dose, take it as soon as possible. If it is almost time for your next dose, skip the missed dose. Do not double the doses.
- Talk with your doctor before taking any other medicines (including vitamins and herbals) as you may require additional monitoring.

#### Call your doctor if you have:

- · any sign of allergy.
- no Improvement after you've taken all the medicine.
- · a seizure
- any sign of a new infection (fever, general aches, chills, or unusual tiredness or weakness).
- ongoing nausea, vomiting or stomach pain.
- white patches in your mouth.
- women: itching in or change in discharge from your vagina.
- Inflammation (pain and swelling) in your intestine during treatment or up to weeks after you've finished this medicine;
  - ongoing diarrhea
  - stomach pain or cramping
  - blood or mucus in your bowet movements
- any new or bothersome symptoms.

#### SMOKING CESSATION

Smoking is the nation's leading preventable cause of death. It significantly increases the risk of coronary heart disease, stroke and cancer. In fact, more than half of all smoking related deaths in America each year are from heart disease, stroke, or other cardiovascular diseases. The good news is, that one year after quitting, the risk of heart disease is cut in half. After five to fifteen smoke-free years, the risk is that of a person who never smoked!

If you or someone you love is interested in quitting, consider joining our "Freedom From Smoking "classes for adults. Centegra Health System and the McHenry County Department of Health have partnered together to bring you an effective program that will help you quit smoking. Call 877-CENTEGRA, (877-238-8347) for more information regarding this program. To speak with a counselor immediately, cell the Illinois Tobacco line at 1-868-QUIT-YES.

#### PAIN MANAGEMENT AFTER DISCHARGE:

A person may feel less pain just by being in familiar surroundings. Here are some frequently asked questions about your pain management:

- What can I do to help my pain management? A person's level of relaxation and their environment can affect their pain. If you are tired, over stimulated (too many visitors) are anxious about your diagnosis, or a past experience with a hospitalization, your pain perception may be impacted and your tolerance decreased. Ask questions, and inform us about any problems or concerns that you may have, re: pain. Partner with your health team for your best pain management.
- What if the medication is not working? Tell your health-care provider; physician, home health nurse, etc. You may need a different dose or type of medicaton.
- What if I feel I'm not getting enough pain control? Talk to your physician or home health nurse about it. Together you may be able to develop a plan to prevent or ease your pain. Depending on the cause of your pain, your health-care provider may suggest exercise, use of heat/coid, massage, repositioning, immobilization of the affected part, or distraction such as music or rest.
- There are other methods of pain management. Let your health-care provider assist you in finding the best one for you.

Weight management is one step to help maintain a healthy lifestyle. For certain medical problems, such as congestive heart failure, weight should be monitored daily.

YOU ARE THE MOST IMPORTANT FACTOR IN YOUR RECOVERY.

Follow the above instructions carefully. Take your medicines as prescribed. Most important, see a doctor again as discussed.

If you have problems that we have not discussed, or your problem changes or gets worse. Call or visit your doctor right away. If you cannot reach your doctor, return to the Emergency Department immediately.

Centegra Health System is very concerned about your safety and well being. As part of our efforts to always provide very good care, any medications you received during this visit were reconciled with medication you are currently taking. This reconcilietion was based on the information you or your representative provided regarding your current medications and allergies.

"I have received this information and my questions have been answered. I have discussed any challenges I see with this plan with the nurse or physician."

PAUL DULBERG or Responsible Person

PAUL DULBERG or Responsible Person has received this information and tells me that all questions have been answered.

RN Staff Signature

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DATE

Patiece Name Paul R Account Number, B1117900323

# Centegra Northern Illinois Medical Center 4201 Medical Center Drive McHenry, IL 60050 (815) 344-5000

PAUL DULBERG was discharged on 06/28/2011 at 17:06 from the hospital. The following is a summary of the discharge instructions given to PAUL before discharge:

### This Information Is About Your Follow Up Care

Call as soon as possible to make an appointment to see your doctor in 10 days for suture removal. You can reach your doctor by calling their clinic phone number.

Please return to the Emergency Department in 10 days for suture removal if you would prefer to have the sutures removed in the ER. We do recommend that you follow-up with your Primary Care Physician but you can return to the ER for removal of your stitches if you choose..

### This Information is About Your Illness and Diagnosis

WOUND CARE (with stitches)

This is Information About Your New Medications - Start taking as prescribed.

HYDROCODONE and ACETAMINOPHEN (Vicodin, Vicodin ES, Lortab, Lortab elixir, Zamicet, Norco, Zydone, Anexsia, Anolor, Bancap HC).

one 10mg/325mg tablet every 4 to 6 hours if needed for pain. Do not take more than as directed per day (24 hours).

CEFADROXIL (Duricef)

500 mg by mouth 2 times a day for 5 days.

- 1. How are you and/or your family doing today?
- 2. Is your pain/or symptoms better today?
- 3. Did you understand your discharge instructions?
- 4. Are you following up with a Doctor?

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Patient Name PAUL R

Account Number, B1117900323

Dulberg 005735

# Centegra Northern Illinois Medical Center 4201 Medical Center Drive McHenry, IL 60050 (815) 344-5000

5. Comments:

| Signature of | nurse making | nhone | call  |                              |
|--------------|--------------|-------|-------|------------------------------|
| Date:        | Time;        | phone | call, |                              |
|              |              |       |       | FORM GOES TO MEDICAL RECORDS |

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PRINTED BY: SUS0422

DATE Patient Name PAUL R

Account Number, B1117900323

Dulberg 005736

| Centegral-lealthSystem                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | # (Millight (Lines), 159 to Maria (Millight Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Carling Ca |
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| CH-M CH-W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | E NDANK HERA HOLD HAN LERKE TAN BERK MENER HIND HERE HIND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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| GENERAL CONSENT AND ACKNOWLEDGMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | M 41Y 03/19/1970<br>06/28/2011 B 0000109381                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| CONSENT FOR MEDICAL TREATMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| I have come to Centegra Health System (CHS) for medical treatment and cand procedures performed on patients in my condition. I understand and comy attending physician, on-call physicians, emergency medicine physicians, resurgeons, obstetricians, consultants, nurse practitioners, physician assistants, other specialists) may participate in my care as deemed necessary.  I agree to follow the Patient Rights & Responsibilities of CHS and to participers onnel in my care and treatment.  I understand the practice of Medicine is not an exact science and, therefore the Likelihood of success or outcomes of any diagnosis, treatment, test, surger and understand this General Consent and Acknowledgement will remain in eff to those areas of CHS where I receive care.  I understand the language in this Consent guides and controls all other form the language in this Consent guides and controls all other form the language in this Consent guides and controls all other form the language in this Consent guides and controls all other form the language in the language in this Consent guides and controls all other form the language in the language in this Consent guides and controls all other form the language in the language in this Consent guides and controls all other form the language in the language in this Consent guides and controls all other form the language in the language in this Consent guides and controls all other form the language in the language in this Consent guides and controls all other form the language in the language in this Consent guides and controls all other form the language in the language in the language in the language in the language in the language in the language in the language in the language in the language in the language in the language in the language in the language in the language in the language in the language in the language in the language in the language in the language in the language in the language in the language in the language in the language in the language in the language in the lan | sent that independent professionals (such as adiologists, anesthesiologists, pathologists, certified registered nurse anesthetists and pate with independent professionals and CHS and guarantees have been made regarding y or examination performed at CHS ect for this episode of care and will be provided as and consents the examination during the provided and consents the examination during the provided and consents the examination during the examination.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| I acknowledge the independent professional(s) who provide services to mout are independent medical practitioners who have been permitted to use patients. They include but are not limited to, my attending physician, on-carradiologists, anesthesiologists, pathologists, surgeons, obstetricians, consult certified registered nurse anesthetists and other specialists. My decision to so or advertisement of the independent professionals and I understand they are not include physician, surgeon, or other independent professional services directly from the independent professional. I have read and understand the authorized to sign on the patient's behalf.  PATIENT ACKNOWLEDGMENT OF INDEPENDENT SERVICES  Initials  D uring the course of my hospital stay, my physician may determine I require                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Its facilities for the care and treatment of their ill-physicians, emergency medicine physicians, ants, nurse practitioners, physician assistants, eek care is not based upon any representation not employees or agents of CHS. CHS bills do and I understand I will receive a separate bill bove terms and confirm I am the patient or am                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| request care at an alternate facility. I acknowledge that all transportation servi another facility are provided by an independent third party and I will receive a sfor which I may be responsible.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ces provided in connection with my transfer to<br>separate bill directly from the service provider                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| USE AND DISCLOSURE OF HEALTH INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Unless! request otherwise, CHS will provide my room location or telephone I understand CHS will use and disclose my health information for the purpos operations, as permitted by law as described in the CHS Notice of Privacy Practitions, as permitted by law as described in the CHS Notice of Privacy Practitions, as permitted by law as described in the CHS Notice of Privacy Practitions, as permitted by law as described in the CHS Notice of Privacy Practitions, as permitted by law as described in the CHS Notice of Privacy Practice of Miles Information to put the CHS Notice of Individual Processing Individual Practice of Individual Practice of Individual Practice of Individual Practice of Individual Practice of Individual Practice of Individual Practice of Individual Practice of Individual Practice of Individual Practice of Individual Practice of Individual Practice of Individual Practice of Individual Practice of Individual Practice of Individual Practice of Individual Practice of Individual Practice of Individual Practice of Individual Practice of Individual Practice of Individual Practice of Individual Practice of Individual Practice of Individual Practice of Individual Practice of Individual Practice of Individual Practice of Individual Practice of Individual Practice of Individual Practice of Individual Practice of Individual Practice of Individual Practice of Individual Practice of Individual Practice of Individual Practice of Individual Practice of Individual Practice of Individual Practice of Individual Practice of Individual Practice of Individual Practice of Individual Practice of Individual Practice of Individual Practice of Individual Practice of Individual Practice of Individual Practice of Individual Practice of Individual Practice of Individual Practice of Individual Practice of Individual Practice of Individual Practice of Individual Practice of Individual Practice of Individual Practice of Individual Practice of Individual Practice of Individual Practice of Individual Practice of Individual Practice | ses of treatment, payment, and health care ctices. Certain information can be used y health information may include history, ties conditions, alcohol or drug abuse and rocess my insurance claim, I may be                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Initials PICTURES/IMAGES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| I understand photographs, videotapes or other images may be taken to doc CHS and/or by the independent professional involved in my care. I understand these materials which are in possession of CHS upon written request. It is my revideotapes or other images have been taken. I understand images identifying or with my written authorization.  PRINTED BY: SJS0422                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | I have the right to view or obtain copies of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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\*3CNTG\*

DATE 12/08/2011
GENERAL CONSENT AND ACKNOWLEDGMENT
Page 1 of 2

# +-Centegral-lealthSystem

1117900323 DULBERG, PAUL R M 541Y 03/19/19/0 06/28/2011 8 0000108381

RELEASE FROM LIABILITY FOR VALUABLES

I understand my belongings are my responsibility and I have been advised to send any items of value home. I release the spital facilities and may be used to store valuables.

# PATIENT PRE-CERTIFICATION RESPONSIBILITY

I understand I am responsible for the notification to my insurance company to obtain authorization before service is rendered. I further understand that if I do not pre-certify I may incur a reduction or loss of paid benefits to the hospital for which I will be liable.

# ASSIGNMENT OF BENEFITS/ AGREEMENT FOR PAYMENT

I hereby authorize payment to be made directly to CHS and to the independent professional(s) for all insurance benefits otherwise payable to me. I understand I am financially responsible to CHS and independent professionals for all charges incurred. Patient "out-of-pocket" amounts will be requested prior to or upon discharge. In the event of default or non-payment, CHS shall be entitled to the right of recovery of all collection expenses, including court costs and reasonable attorney's fees for the purpose of securing payment. It is further agreed that any credit balance may be applied on any other account owed CHS by the guarantor/responsible party, or any open account for his/her dependent family.

| PATIENT INFORMATION OFFERED                                                                                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Patlent Rights/Responsibilities Yes Declined If No, Explain: Advance Directive Information Yes Declined If No, Explain: Notice of Privacy Practices. Yes Declined If No, Explain: Patient Billing Information Yes Declined If No, Explain: |
| PATIENT CERTIFICATION                                                                                                                                                                                                                      |
| By signing this General Consent and Acknowledgement Form, I acknowledge I have read and understand the information contained in this form and accept its terms. I also acknowledge I have received a copy of this form for my records.     |
| INPATIENTS ONLY:                                                                                                                                                                                                                           |
| TRICARE (Military) Insurance PATIENTSYes, I have received TRICARE "Important Message"                                                                                                                                                      |
| Patient Authorized Person Relationship Date                                                                                                                                                                                                |
| have interpreted/translated the above form to the patient. The patient has informed me he/she fully understands and agrees to the terms set out in this consent form.                                                                      |
| Inter preter/Translator (Piease Print Name) Language Interpretation/Translation Provider (Company name or Relationship to Patient                                                                                                          |

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GENERAL CONSENT AND AZONOWLEDGMENT

Page 2 of 2

### CICERO, FRANCE, BARCH & ALEXANDER, P.C.

A Professional Corporation
Attorneys at Law
6323 EAST RIVERSIDE BOULEVARD
ROCKFORD, ILLINOIS 61114

PAUL R. CICERO
JOHN W. FRANCE
RONALD A. BARCH
CHARLES P. ALEXANDER

TEL: (815) 226-7700 FAX: (815) 226-7701

January 15, 2013

CHANTEL R. BIELSKIS ANDREW T. SMITH

> Attorney Hans A. Mast Law Offices of Thomas J. Popovich, PC 3416 West Elm Street McHenry, IL 60050 (also via fax)

Attorney Perry A. Accardo Law Office of M. Gerard Gregoire 200 N. LaSalle Street, Suite 2650 Chicago, IL 60601-1092 (also via fax)

Re:

Paul Dulberg v. David Gagnon, Caroline McGuire and Bill McGuire (McHenry County Case No. 12 LA 178)

#### Dear Counsel:

Per phone conversations and faxed correspondence with Attorney Mast's assistant, Sheila, on today's date, I am enclosing an amended deposition notice for Paul Dulberg for January 24, 2013, at 12:00 noon, to be taken in Attorney Mast's office. Also per our phone conversation, I am providing the following dates that I am presently available to take the defendants' depositions:

January 29, 2013 January 30, 2013 February 1, 2013 February 4, 2013 February 5, 2013 February 6, 2013 February 7, 2013 February 8, 2013 February 11, 2013 February 12, 2013 February 14, 2013

My calendar fills up quickly as I am sure yours does. I would, therefore, ask that you let me know as soon as possible which dates work for you so that we can get the defendants' depositions scheduled on a date certain.

Very truly yours,

Cicero, France, Barch & Alexander, P.C.

RONALD A. BARCH

RB:mj\16ltr.oc\encl

cc: Tom Malatia (Claim No. 13-2779-11)

Bill and Carolyn McGuire

# CICERO, FRANCE, BARCH & ALEXANDER, P.C.

A Professional Corporation Attorneys at Law 6323 EAST RIVERSIDE BOULEVARD ROCKFORD, ILLINOIS 61114

PAUL R. CICERO JOHN W. FRANCE RONALD A. BARCH CHARLES P. ALEXANDER

TEL: (815) 226-7700 FAX: (815) 226-7701

July 10, 2012

CHANTEL R. BIELSKIS
ANDREW T. SMITH

Attorney Hans A. Mast Law Offices of Thomas J. Popovich, PC 3416 West Elm Street McHenry, IL 60050

Case:

Paul Dulberg v. David Gagnon, Caroline McGuire and Bill McGuire

(McHenry County Case No. 12 LA 178)

Dear Mr. Mast:

Enclosed you will find a Jury Demand and Answer by Defendants Bill McGuire and Carolyn McGuire. At this time my office will not be appearing or pleading for David Gagnon. It is my understanding that the lawsuit has been tendered to a different carrier.

If you have information indicating that the suit has not been (or will not be) tendered to Mr. Gagnon's own carrier, please advise immediately. I also ask that you forward service information and copies of any pleadings filed by any attorney on behalf of Mr. Gagnon.

Please call me if you have any questions concerning the above. I otherwise thank you again for the pleading extension you granted. I am working on a response to the discovery you issued and anticipate issuing written discovery for a response by your client in short order.

Very truly yours,

RONALD A. BARCH

RB:mj04ltr.HAM Encl.

сс

Tom Malatia (Claim No. 13-2779-11)

# STATE OF ILLINOIS IN THE CIRCUIT COURT OF THE 22<sup>ND</sup> JUDICIAL CIRCUIT COUNTY OF McHENRY

| PAUL DULBERG,                                                                                                                            | )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Plaintiff,                                                                                                                               | ) Case No. 12 LA 178                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| vs.  DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually, | Product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the produc |
| Defendants.                                                                                                                              | )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

TO: Paul Dulberg c/o Attorney Hans A. Mast Law Offices of Thomas J. Popovich 3416 West Elm Street McHenry, IL 60050

Pursuant to Supreme Court Rule 214, Defendants, Bill McGuire and Carolyn McGuire, by Cicero, France, Barch & Alexander, PC, their attorneys, requests PAUL DULBERG to produce for inspection, copying, and reproduction on the 28th day after service of this request the documents, objects or tangible things set forth below.

PAUL DULBERG is requested to produce these documents either by mailing legible copies to Cicero, France, Barch & Alexander, PC, 6323 East Riverside Blvd., Rockford, IL 61114, or by producing the documents for inspection and copying on the 28th day after service of this request at Cicero, France, Barch & Alexander, PC, 6323 East Riverside Blvd., Rockford, IL 61114.

As used in this request the term "document" includes without limitation, any graphic matter, whether paper, cardboard, tape, plastic, film or any other material and includes any recording and transcript thereof. The term "you" or "your" refers not only to the party to whom this request is directed, but also to any representative who acts for you or under your control.

With respect to each document covered by the request which you refuse to produce by

reason of any attorney-client privilege, you are requested to identify the nature and date of the document, its author and title, and each recipient of the document and his title.

- 1. Medical bills for any medical treatment rendered to PAUL DULBERG from January 1, 2010 to the present date.
- 2. Pharmacy bills for prescriptions and/or appliances regarding PAUL DULBERG from January 1, 2010 to the present date.
- 3. All photographs, slides, videos or motion pictures taken of PAUL DULBERG, any physical objects involved, or the scene of the occurrence.
- 4. All reports or records of doctors, hospitals, clinics or medical practitioners which, in any way, relate to the physical or mental condition of PAUL DULBERG <u>prior</u> to the alleged occurrence (including other injuries, illnesses or hospitalizations).
- 5. All reports or records of doctors, hospitals, clinics or medical practitioners which, in any way, relate to the physical or mental condition of PAUL DULBERG <u>subsequent</u> to the alleged occurrence (including other injuries, illnesses or hospitalizations).
- 6. A list giving the names and addresses of all persons making any examination or inspection in reference to the occurrence in question, any of the physical objects involved, or the scene of the occurrence.
  - 7. All accident reports, investigation reports and materials, and all other like documents prepared as a result of or in reference to the occurrence complained of in the Complaint.
  - 8. All receipts, records, bills, statements, invoices, wage loss materials, and any other documents relating to the amount of damages sought by the plaintiff.
  - 9. Statements of any witnesses or persons having knowledge pertaining to the facts or issues in the lawsuit, including any party.

You are also requested to furnish an Affidavit to counsel for all parties stating whether the production is complete, and to advise counsel for all parties as to the date upon which the documents, objects or tangible things will be produced.

CAROLYN MCGUIRE and BILL MCGUIRE, Defendants, by their attorneys, CICERO, FRANCE, BARCH & ALEXANDER, P.C.,

Bv

RONALD A. BARCH (6209572)

Cicero, France, Barch & Alexander, P.C. 6323 East Riverside Blvd. Rockford, IL 61114 815/226-7700 815/226-7701 (fax)

### **CERTIFICATE OF SERVICE**

The undersigned hereby certifies that a copy of the foregoing document was

served upon:

Attorney Hans A. Mast Law Offices of Thomas J. Popovich 3416 West Elm Street McHenry, IL 60050

Cicero, France, Barch & Alexander, P.C. 6323 East Riverside Blvd. Rockford, IL 61114 815/226-7700 815/226-7701 (fax)

# STATE OF ILLINOIS IN THE CIRCUIT COURT OF THE 22<sup>ND</sup> JUDICIAL CIRCUIT COUNTY OF McHENRY

| PAUL DULBERG,                                                                                                                       | ) |                                 |
|-------------------------------------------------------------------------------------------------------------------------------------|---|---------------------------------|
| Plaintiff,                                                                                                                          | ) | Case No. 12 LA 178              |
| vs.                                                                                                                                 | ) |                                 |
| DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually, | ) | REQUEST TO PRODUCE TO PLAINTIFF |
| Defendants.                                                                                                                         | ) |                                 |

TO: Paul Dulberg c/o Attorney Hans A. Mast Law Offices of Thomas J. Popovich 3416 West Elm Street McHenry, IL 60050

Pursuant to Supreme Court Rule 214, Defendants, Bill McGuire and Carolyn McGuire, by Cicero, France, Barch & Alexander, PC, their attorneys, requests PAUL DULBERG to produce for inspection, copying, and reproduction on the 28th day after service of this request the documents, objects or tangible things set forth below.

PAUL DULBERG is requested to produce these documents either by mailing legible copies to Cicero, France, Barch & Alexander, PC, 6323 East Riverside Blvd., Rockford, IL 61114, or by producing the documents for inspection and copying on the 28th day after service of this request at Cicero, France, Barch & Alexander, PC, 6323 East Riverside Blvd., Rockford, IL 61114.

As used in this request the term "document" includes without limitation, any graphic matter, whether paper, cardboard, tape, plastic, film or any other material and includes any recording and transcript thereof. The term "you" or "your" refers not only to the party to whom this request is directed, but also to any representative who acts for you or under your control.

With respect to each document covered by the request which you refuse to produce by

reason of any attorney-client privilege, you are requested to identify the nature and date of the document, its author and title, and each recipient of the document and his title.

- 1. Medical bills for any medical treatment rendered to PAUL DULBERG from January 1, 2010 to the present date.
- 2. Pharmacy bills for prescriptions and/or appliances regarding PAUL DULBERG from January 1, 2010 to the present date.
- 3. All photographs, slides, videos or motion pictures taken of PAUL DULBERG, any physical objects involved, or the scene of the occurrence.
- 4. All reports or records of doctors, hospitals, clinics or medical practitioners which, in any way, relate to the physical or mental condition of PAUL DULBERG <u>prior</u> to the alleged occurrence (including other injuries, illnesses or hospitalizations).
- 5. All reports or records of doctors, hospitals, clinics or medical practitioners which, in any way, relate to the physical or mental condition of PAUL DULBERG <u>subsequent</u> to the alleged occurrence (including other injuries, illnesses or hospitalizations).
- 6. A list giving the names and addresses of all persons making any examination or inspection in reference to the occurrence in question, any of the physical objects involved, or the scene of the occurrence.
  - 7. All accident reports, investigation reports and materials, and all other like documents prepared as a result of or in reference to the occurrence complained of in the Complaint.
  - 8. All receipts, records, bills, statements, invoices, wage loss materials, and any other documents relating to the amount of damages sought by the plaintiff.
  - 9. Statements of any witnesses or persons having knowledge pertaining to the facts or issues in the lawsuit, including any party.

You are also requested to furnish an Affidavit to counsel for all parties stating whether the production is complete, and to advise counsel for all parties as to the date upon which the documents, objects or tangible things will be produced.

CAROLYN MCGUIRE and BILL MCGUIRE, Defendants, by their attorneys, CICERO, FRANCE, BARCH & ALEXANDER, P.C.,

Bv

RONALD A. BARCH (6209572)

Cicero, France, Barch & Alexander, P.C. 6323 East Riverside Blvd. Rockford, IL 61114 815/226-7700 815/226-7701 (fax)

### **CERTIFICATE OF SERVICE**

The undersigned hereby certifies that a copy of the foregoing document was served upon:

Attorney Hans A. Mast Law Offices of Thomas J. Popovich 3416 West Elm Street McHenry, IL 60050

Cicero, France, Barch & Alexander, P.C. 6323 East Riverside Blvd. Rockford, IL 61114 815/226-7700 815/226-7701 (fax)

# STATE OF ILLINOIS IN THE CIRCUIT COURT OF THE 22<sup>ND</sup> JUDICIAL CIRCUIT COUNTY OF McHENRY

| PAUL DULBERG,                                                                                                                       | )                    |
|-------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| Plaintiff,                                                                                                                          | ) Case No. 12 LA 178 |
| VS.                                                                                                                                 | )                    |
| DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually, | )<br>)<br>)<br>)     |
| Defendants.                                                                                                                         | <i>)</i><br>)        |

#### **NOTICE OF SERVING DISCOVERY**

TO: McHenry County Circuit Clerk
McHenry County Government Center
2200 North Seminary Avenue
Woodstock, IL 60098

PLEASE TAKE NOTICE that on July 10, 2012, the Defendants herein by their attorneys, Cicero, France, Barch & Alexander, PC, caused the following documents to be served upon the Plaintiff herein, by mailing copies of same to the attorneys of record for the Plaintiff, as indicated on the attached Certificate of Service:

- 1. Interrogatories to Plaintiff.
- 2. Request to Produce to Plaintiff.
- 3. Defendants' Supplemental Interrogatories to Plaintiff (Medicare).
- 4. HIPAA Records Release Authorization.

CAROLYN MCGUIRE and BILL MCGUIRE, Defendants, by their attorneys, CICERO, FRANCE, BARCH & ALEXANDER, P.C.,

RONALD A. BARCH (6209572)

#### **CERTIFICATE OF SERVICE**

The undersigned hereby certifies that a copy of the foregoing document was served upon:

Attorney Hans A. Mast Law Offices of Thomas J. Popovich 3416 West Elm Street McHenry, IL 60050

by depositing the same in the United States Post Office Box addressed as above, postage prepaid, at Rockford, Illinois, at 5:00 o'clock p.m. on \_\_\_\_\_\_\_\_.

Cicero, France, Barch & Alexander, P.C. 6323 East Riverside Blvd. Rockford, IL 61114 815/226-7700 815/226-7701 (fax)

## STATE OF ILLINOIS IN THE CIRCUIT COURT OF THE 22<sup>ND</sup> JUDICIAL CIRCUIT COUNTY OF McHENRY

| PAUL DULBERG,                                                            | )                                |
|--------------------------------------------------------------------------|----------------------------------|
| Plaintiff,                                                               | ) Case No. 12 LA 178             |
| vs.                                                                      | ) ) INTERROGATORIES TO PLAINTIFF |
| DAVID GAGNON, Individually, and as<br>Agent of CAROLINE MCGUIRE and BILL | )                                |
| MCGUIRE, and CAROLINE MCGUIRE                                            | )                                |
| and BILL MCGUIRE, Individually,                                          | )                                |
| Defendants.                                                              | )                                |

TO: Paul Dulberg c/o Attorney Hans A. Mast Law Offices of Thomas J. Popovich 3416 West Elm Street McHenry, IL 60050

The Defendants, BILL McGUIRE and CAROLYN McGUIRE, by Cicero, France, Barch & Alexander, PC, their attorneys, hereby propound the following written interrogatories upon PAUL DULBERG to be answered in writing and under oath within the time required by law based upon information available to the Plaintiff.

INTERROGATORY NO. 1): State the full name, present residence address, birthdate, birthplace and Social Security number of the person answering these Interrogatories; and state PAUL DULBERG's full name, present residence address, birthdate, birthplace and Social Security number.

INTERROGATORY NO. 2): State your marital status on the date of the occurrence in question and, if married, your spouse's name and age on said date.

#### ANSWER:

<u>INTERROGATORY NO. 3</u>): State the full name and present or last known address (indicating which) of each person who:

(a) Witnessed or claims to have witnessed the occurrence in question.

#### ANSWER:

(b) Was present or claims to have been present at the scene immediately before said occurrence.

#### ANSWER:

(c) Was present or claims to have been present immediately after said occurrence.

#### ANSWER:

(d) Otherwise has or claims to have any knowledge of the facts or possible causes of the occurrence to include any damages or injuries alleged to have resulted from said occurrence.

<u>INTERROGATORY NO. 4</u>): State specifically and with certainty the personal injuries and property damage, if any, sustained to PAUL DULBERG as a result of said occurrence.

#### ANSWER:

#### <u>INTERROGATORY NO. 5)</u>: With regard to said injuries, state:

(a) The name and address of each treating and/or consulting practitioner.

#### ANSWER:

(b) The name and address of each hospital or clinic where PAUL DULBERG was treated and the date or inclusive dates on which each hospital or clinic rendered PAUL DULBERG service.

#### ANSWER:

(c) The amount to date of their respective bills for services.

#### ANSWER:

(d) Those from whom you have written reports. (Pursuant to Supreme Court Rule 214, please attach a legible copy of said report to the answers hereto.)

INTERROGATORY NO. 6): As a result of said personal injuries to PAUL DULBERG, are you claiming any loss of income including, but not limited to, wages or salaries?

ANSWER:

If so, state:

(a) The name and address of your employer at the time of the occurrence.

ANSWER:

(b) The dates or inclusive dates on which you were unable to work and the amount of income loss claimed.

ANSWER:

INTERROGATORY NO. 7): State the name and address of each witness or defendant from whom you have obtained statements, indicating whether such statements are written or oral, who has possession of such statements, and pursuant to Supreme Court Rule 214, attach legible copies of any written statements hereto.

ANSWER:

INTERROGATORY NO. 8): State the name and address of PAUL DULBERG's family practice physician.

<u>INTERROGATORY NO. 9</u>): State whether PAUL DULBERG was hospitalized or had suffered any illness or personal injury prior to or subsequent to the date of said occurrence, and if so, state the nature and date of each such hospitalization, illness or personal injury.

#### ANSWER:

INTERROGATORY NO. 10): State whether PAUL DULBERG suffered any permanent scarring as a result of the accident alleged in the complaint. If so, state the location of such scar, the width and length of such scar or scars. (Pursuant to Supreme Court Rule 214, please attach any photos of any such scar to your answers hereto.)

#### ANSWER:

INTERROGATORY NO. 11): State whether prior to the accident alleged in the complaint PAUL DULBERG suffered any physical disability or impairment of any kind whatsoever. If so, state the nature of such physical disability or impairment and how PAUL DULBERG came to have such physical disability or impairment.

#### ANSWER:

INTERROGATORY NO. 12): State the location of the alleged occurrence, pinpointing such location in feet, inches and direction from fixed objects or boundaries at the scene of the occurrence.

INTERROGATORY NO. 13): State with particularity the nature of the alleged defect, object substance or condition which caused the alleged occurrence giving the exact dimensions and physical description of such including the size, shape, color, height, length and depth of such defect or object.

#### **ANSWER:**

INTERROGATORY NO. 14): State with particularity what PAUL DULBERG was doing at the time of the accident alleged in the complaint.

#### **ANSWER:**

INTERROGATORY NO. 15): State with particularity your basis for alleging that on or about June 28, 2011, David Gagnon living and/or staying at the premises known commonly as 1016 W. Elder Avenue, City of McHenry, County of McHenry, Illinois.

#### ANSWER:

INTERROGATORY NO. 16): State with particularity all the reasons why PAUL DULBERG was present on the premises known commonly as 1016 W. Elder Avenue, City of McHenry, County of McHenry, Illinois on the date of the alleged occurrence.

INTERROGATORY NO. 17): State with particularity your basis for alleging that David Gagnon was contracted and/or hired by Defendants Bill McGuire and Carolyn McGuire to cut down, trim and/or maintain the trees and brush at their premises, as further alleged in Plaintiff's Complaint.

#### ANSWER:

INTERROGATORY NO. 18): State with particularity your basis for alleging that David Gagnon was working under the supervision and control of Defendants Bill McGuire and Carolyn McGuire at the time of the occurrence alleged in Plaintiff's Complaint.

#### ANSWER:

INTERROGATORY NO. 19): State with particularity your basis for alleging that Defendants Bill McGuire and Carolyn McGuire instructed and/or advised David Gagnon in the use of a chain saw on or before the date of the occurrence alleged in Plaintiff's Complaint.

#### ANSWER:

INTERROGATORY NO. 20): State with particularity any and all defects associated with the chain saw you believe or claim was involved in the occurrence alleged in Plaintiff's Complaint.

INTERROGATORY NO. 21): State whether you have any information indicating or otherwise suggesting that Defendants Bill McGuire and/or Carolyn McGuire knew or should have known that PAUL DULBERG was about to assist or was assisting David Gagnon with tree cutting and/or trimming on the date and in the location of the occurrence alleged in Plaintiff's Complaint. If your answer is in the affirmative, further state with particularity the bases for your contention that that Defendants Bill McGuire and/or Carolyn McGuire knew or should have known that PAUL DULBERG was about to assist and/or was assisting David Gagnon with tree cutting and/or trimming on the date and in the location of the occurrence alleged in Plaintiff's Complaint.

#### ANSWER:

INTERROGATORY NO. 22): State whether any photographs or videos were taken of the scene of the occurrence or of the persons, objects or premises involved, and if so, state the number of photographs or videos taken, their subject matter and who now has custody of them.

#### ANSWER:

INTERROGATORY NO. 23): Pursuant to Supreme Court Rule 213(f), furnish the identity and addresses of witnesses who will testify at trial and the following information:

- (a) For each lay witness, identify the subjects on which the witness will testify.
- (b) For each independent expert witness, identify the subjects on which the witness will testify and the opinions the party expects to elicit.

- (c) For each controlled expert witness, identify:
  - (i) the subject matter on which the witness will testify;
  - (ii) the conclusions and opinions of the witness and the bases therefor;
  - (iii) the qualifications of the witness; and
  - (iv) any reports prepared by the witness about the case.

ANSWER:

Pursuant to Illinois Supreme Court Rule 213(i), please seasonably supplement or amend any answer or response to the preceding interrogatories and to the interrogatories previously answered in this case whenever new or additional information subsequently becomes known to you or your attorneys.

CAROLYN MCGUIRE and BILL MCGUIRE, Defendants, by their attorneys, CICERO, FRANCE, BARCH & ALEXANDER, P.C.,

Bv

RONALD A. BARCH (6209572)

## **CERTIFICATE OF SERVICE**

The undersigned hereby certifies that a copy of the foregoing document was served upon:

Attorney Hans A. Mast Law Offices of Thomas J. Popovich 3416 West Elm Street McHenry, IL 60050

by depositing the same in the United States Post Office Box addressed as above, postage prepaid, at Rockford, Illinois, at 5:00 o'clock p.m. on \_\_\_\_\_\_\_\_\_.

Cicero, France, Barch & Alexander, P.C. 6323 East Riverside Blvd. Rockford, IL 61114 815/226-7700 815/226-7701 (fax)

# STATE OF ILLINOIS IN THE CIRCUIT COURT OF THE 22<sup>ND</sup> JUDICIAL CIRCUIT COUNTY OF McHENRY

| PAUL DULBERG,                                                                                                                                         |                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| Plaintiff,                                                                                                                                            | ) Case No. 12 LA 178         |
| vs.  DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually,  Defendants. | INTERROGATORIES TO PLAINTIFF |
| TO: Paul Dulberg<br>c/o Attorney Hans A. Mast                                                                                                         |                              |

TO: Paul Dulberg
c/o Attorney Hans A. Mast
Law Offices of Thomas J. Popovich
3416 West Elm Street
McHenry, IL 60050

The Defendants, BILL McGUIRE and CAROLYN McGUIRE, by Cicero, France, Barch & Alexander, PC, their attorneys, hereby propound the following written interrogatories upon PAUL DULBERG to be answered in writing and under oath within the time required by law based upon information available to the Plaintiff.

INTERROGATORY NO. 1): State the full name, present residence address, birthdate, birthplace and Social Security number of the person answering these Interrogatories; and state PAUL DULBERG's full name, present residence address, birthdate, birthplace and Social Security number.

INTERROGATORY NO. 2): State your marital status on the date of the occurrence in question and, if married, your spouse's name and age on said date.

#### ANSWER:

<u>INTERROGATORY NO. 3</u>): State the full name and present or last known address (indicating which) of each person who:

(a) Witnessed or claims to have witnessed the occurrence in question.

#### ANSWER:

(b) Was present or claims to have been present at the scene immediately before said occurrence.

#### ANSWER:

(c) Was present or claims to have been present immediately after said occurrence.

#### ANSWER:

(d) Otherwise has or claims to have any knowledge of the facts or possible causes of the occurrence to include any damages or injuries alleged to have resulted from said occurrence.

INTERROGATORY NO. 4): State specifically and with certainty the personal injuries and property damage, if any, sustained to PAUL DULBERG as a result of said occurrence.

#### ANSWER:

#### <u>INTERROGATORY NO. 5</u>): With regard to said injuries, state:

(a) The name and address of each treating and/or consulting practitioner.

#### ANSWER:

(b) The name and address of each hospital or clinic where PAUL DULBERG was treated and the date or inclusive dates on which each hospital or clinic rendered PAUL DULBERG service.

#### ANSWER:

(c) The amount to date of their respective bills for services.

#### ANSWER:

(d) Those from whom you have written reports. (Pursuant to Supreme Court Rule 214, please attach a legible copy of said report to the answers hereto.)

INTERROGATORY NO. 6): As a result of said personal injuries to PAUL DULBERG, are you claiming any loss of income including, but not limited to, wages or salaries?

ANSWER:

If so, state:

(a) The name and address of your employer at the time of the occurrence.

ANSWER:

(b) The dates or inclusive dates on which you were unable to work and the amount of income loss claimed.

ANSWER:

INTERROGATORY NO. 7): State the name and address of each witness or defendant from whom you have obtained statements, indicating whether such statements are written or oral, who has possession of such statements, and pursuant to Supreme Court Rule 214, attach legible copies of any written statements hereto.

ANSWER:

<u>INTERROGATORY NO. 8</u>): State the name and address of PAUL DULBERG's family practice physician.

INTERROGATORY NO. 9): State whether PAUL DULBERG was hospitalized or had suffered any illness or personal injury prior to or subsequent to the date of said occurrence, and if so, state the nature and date of each such hospitalization, illness or personal injury.

#### ANSWER:

INTERROGATORY NO. 10): State whether PAUL DULBERG suffered any permanent scarring as a result of the accident alleged in the complaint. If so, state the location of such scar, the width and length of such scar or scars. (Pursuant to Supreme Court Rule 214, please attach any photos of any such scar to your answers hereto.)

#### ANSWER:

INTERROGATORY NO. 11): State whether prior to the accident alleged in the complaint PAUL DULBERG suffered any physical disability or impairment of any kind whatsoever. If so, state the nature of such physical disability or impairment and how PAUL DULBERG came to have such physical disability or impairment.

#### ANSWER:

INTERROGATORY NO. 12): State the location of the alleged occurrence, pinpointing such location in feet, inches and direction from fixed objects or boundaries at the scene of the occurrence.

INTERROGATORY NO. 13): State with particularity the nature of the alleged defect, object substance or condition which caused the alleged occurrence giving the exact dimensions and physical description of such including the size, shape, color, height, length and depth of such defect or object.

#### **ANSWER:**

INTERROGATORY NO. 14): State with particularity what PAUL DULBERG was doing at the time of the accident alleged in the complaint.

#### ANSWER:

INTERROGATORY NO. 15): State with particularity your basis for alleging that on or about June 28, 2011, David Gagnon living and/or staying at the premises known commonly as 1016 W. Elder Avenue, City of McHenry, County of McHenry, Illinois.

#### ANSWER:

INTERROGATORY NO. 16): State with particularity all the reasons why PAUL DULBERG was present on the premises known commonly as 1016 W. Elder Avenue, City of McHenry, County of McHenry, Illinois on the date of the alleged occurrence.

INTERROGATORY NO. 17): State with particularity your basis for alleging that David Gagnon was contracted and/or hired by Defendants Bill McGuire and Carolyn McGuire to cut down, trim and/or maintain the trees and brush at their premises, as further alleged in Plaintiff's Complaint.

#### ANSWER:

INTERROGATORY NO. 18): State with particularity your basis for alleging that David Gagnon was working under the supervision and control of Defendants Bill McGuire and Carolyn McGuire at the time of the occurrence alleged in Plaintiff's Complaint.

#### ANSWER:

INTERROGATORY NO. 19): State with particularity your basis for alleging that Defendants Bill McGuire and Carolyn McGuire instructed and/or advised David Gagnon in the use of a chain saw on or before the date of the occurrence alleged in Plaintiff's Complaint.

#### ANSWER:

INTERROGATORY NO. 20): State with particularity any and all defects associated with the chain saw you believe or claim was involved in the occurrence alleged in Plaintiff's Complaint.

INTERROGATORY NO. 21): State whether you have any information indicating or otherwise suggesting that Defendants Bill McGuire and/or Carolyn McGuire knew or should have known that PAUL DULBERG was about to assist or was assisting David Gagnon with tree cutting and/or trimming on the date and in the location of the occurrence alleged in Plaintiff's Complaint. If your answer is in the affirmative, further state with particularity the bases for your contention that that Defendants Bill McGuire and/or Carolyn McGuire knew or should have known that PAUL DULBERG was about to assist and/or was assisting David Gagnon with tree cutting and/or trimming on the date and in the location of the occurrence alleged in Plaintiff's Complaint.

#### ANSWER:

INTERROGATORY NO. 22): State whether any photographs or videos were taken of the scene of the occurrence or of the persons, objects or premises involved, and if so, state the number of photographs or videos taken, their subject matter and who now has custody of them.

#### ANSWER:

INTERROGATORY NO. 23): Pursuant to Supreme Court Rule 213(f), furnish the identity and addresses of witnesses who will testify at trial and the following information:

- (a) For each lay witness, identify the subjects on which the witness will testify.
- (b) For each independent expert witness, identify the subjects on which the witness will testify and the opinions the party expects to elicit.

- (c) For each controlled expert witness, identify:
  - (i) the subject matter on which the witness will testify;
  - (ii) the conclusions and opinions of the witness and the bases therefor;
  - (iii) the qualifications of the witness; and
  - (iv) any reports prepared by the witness about the case.

ANSWER:

Pursuant to Illinois Supreme Court Rule 213(i), please seasonably supplement or amend any answer or response to the preceding interrogatories and to the interrogatories previously answered in this case whenever new or additional information subsequently becomes known to you or your attorneys.

CAROLYN MCGUIRE and BILL MCGUIRE, Defendants, by their attorneys, CICERO, FRANCE, BARCH & ALEXANDER, P.C.,

By

RONALD A. BARCH (6209572)

## CERTIFICATE OF SERVICE

The undersigned hereby certifies that a copy of the foregoing document was

served upon:

Attorney Hans A. Mast Law Offices of Thomas J. Popovich 3416 West Elm Street McHenry, IL 60050

Cicero, France, Barch & Alexander, P.C. 6323 East Riverside Blvd. Rockford, IL 61114 815/226-7700 815/226-7701 (fax)

# CICERO, FRANCE, BARCH & ALEXANDER, P.C.

A Professional Corporation Attorneys at Law 6323 EAST RIVERSIDE BOULEVARD ROCKFORD, ILLINOIS 61114

PAUL R. CICERO JOHN W. FRANCE RONALD A. BARCH CHARLES P. ALEXANDER

TEL: (815) 226-7700 FAX: (815) 226-7701

October 3, 2012

CHANTEL R. BIELSKIS ANDREW T. SMITH

> Personnel Records Keeper c/o AMS Screw Products 2418 Highview Spring Grove, IL 60081

> > Re:

Paul Dulberg v. Carolyn McGuire and Bill McGuire

McHenry County Case No. 12 LA 178

Personnel Records of: Paul Dulberg (B/D: 3/19/70)

Dear Medical Records Custodian:

Enclosed with this letter is a Subpoena for Deposition and a check in the amount of \$20.00, the legal witness fee.

Please be advised that your appearance on the date indicated is <u>not</u> necessary. You may comply with the subpoena by mailing legible copies of the complete personnel record file of Paul Dulberg, as specified in the subpoena, in your possession or subject to your control.

Very truly yours,

Cicero, France, Barch & Alexander, P.C.

RONALD A, BARCH

RB:mj/subitr.records.ams.screw

encis.

Attorney Hans A. Mast

Attorney Perry A. Accardo

## STATE OF ILLINOIS IN THE CIRCUIT COURT OF THE 22<sup>ND</sup> JUDICIAL CIRCUIT COUNTY OF McHENRY

| PAUL DULBERG,                      | )                      |
|------------------------------------|------------------------|
| Plaintiff,                         | ) Case No. 12 LA 178   |
|                                    | )                      |
| vs.                                | )                      |
|                                    | )                      |
| DAVID GAGNON, Individually, and as | )                      |
| Agent of CAROLINE MCGUIRE and BILL | Ś                      |
| MCGUIRE, and CAROLINE MCGUIRE      | ) NOTICE OF DEPOSITION |
| and BILL MCGUIRE, Individually,    | (for Records Only)     |
| Defendants.                        | )                      |

TO: Attorney Hans A. Mast Law Offices of Thomas J. Popovich 3416 West Elm Street McHenry, IL 60050

> Attorney Perry A. Accardo Law Office of M. Gerard Gregoire 200 N. LaSalle Street, Suite 2650 Chicago, IL 60601-1092

YOU ARE HEREBY NOTIFIED that on October 18, 2012, at 9:00 A.M. at 6323 East Riverside Blvd., Rockford, IL 61114, the deposition of the Personnel Records Keeper of AMS SCREW PRODUCTS, whose address is 2418 Highview, Spring Grove, IL 60081, will be taken for discovery in this case.

THERE WILL BE NO INTERROGATION OF THE DEPONENT.

Rosel A Bul

RONALD A. BARCH (6209572)

Cicero, France, Barch & Alexander, P.C. 6323 East Riverside Blvd. Rockford, IL 61114 815/226-7700 fax: 815/226-7701

#### **CERTIFICATE OF SERVICE**

I certify that on October 3, 2012, I served this notice by mailing a copy to each person to whom it is directed.

Randl A Bul Dulberg 005772

# STATE OF ILLINOIS IN THE CIRCUIT COURT OF THE $22^{\text{ND}}$ JUDICIAL CIRCUIT

| COUNTY OF McHENRY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                         |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|--|--|
| PAUL DULBERG, Plaintiff, ) Case No. 12 LA 178  vs. )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                         |  |  |
| DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually, Defendants.  Defendants.                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                         |  |  |
| TO: Personnel Records Keeper c/o AMS SCREW PRODUCTS 2418 Highview Spring Grove, IL 60081                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         |  |  |
| YOU ARE COMMANDED to appear to give your deposition before a notary possess East Riverside Blvd., Rockford, IL 61114, on October 18, 2012, at 9:00 A.M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ublic at                                                |  |  |
| YOU ARE COMMANDED ALSO to produce the following: The complete per record of PAUL DULBERG (DOB: 3/19/70), including, without limitation, job applit resume, curriculum vitae, job offers, employment contracts, time records, attendance payroll records and any and all records regarding time missed due to illness and/or injury produce any doctors' orders/records directing Mr. Dulberg to remain off work due to injury illness and/or any doctors' orders/records allowing Mr. Dulberg to work subject to limitation as light duty, weight limitations, positional restrictions and the like), which are in your posses control. | cations,<br>records,<br>y. Also<br>y and/or<br>ns (such |  |  |
| YOUR APPEARANCE IS NOT MANDATORY IF SAID DOCUMENTS ARE PROVIDED TO ATTORNEY RONALD A. BARCH ON OR BEFORE OCTOBER 17, 2012, AT 5:00 P.M. YOUR FAILURE TO APPEAR IN RESPONSE TO THIS SUBPOENA WILL SUBJECT YOU TO PUNISHMENT FOR CONTEMPT OF THIS COURT.                                                                                                                                                                                                                                                                                                                                                                                  |                                                         |  |  |
| ATTORNEY RONALD A. BARCH 6323 East Riverside Blvd. Rockford, IL 61114 815/226-7700 815/226-7701 (fax)  CICERO, FRANCE, BARCH & ALEXAND BY: RONALD A. BARCH (6209572)                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ER, PC.                                                 |  |  |
| I served the subpoena by mailing a copy to the Records Keeper c/o AMS Screw Pro October 3, 2012. I paid the witness \$20.00 for witness fees.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ducts on                                                |  |  |
| Signed and sworn to before me on October 3, 2012.  MARLENE M JOHNSON NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:09/29/13  Dulberg 005773                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 3                                                       |  |  |
| (Notary Public)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                         |  |  |

# CICERO, FRANCE, BARCH & ALEXANDER, P.C.

A Professional Corporation Attorneys at Law 6323 EAST RIVERSIDE BOULEVARD ROCKFORD, ILLINOIS 61114

PAUL R. CICERO
JOHN W. FRANCE
RONALD A. BARCH
CHARLES P. ALEXANDER

CHANTEL R. BIELSKIS ANDREW T. SMITH October 24, 2012

TEL: (815) 226-7700 FAX: (815) 226-7701



Release of Information/Medical Records Custodian c/o Dr. Frank Sek 4606 West Elm Street McHenry, IL 60050

Re: Paul Dulberg v. Carolyn McGuire and Bill McGuire

McHenry County Case No. 12 LA 178 Records of: Paul Dulberg (B/D: 3/19/70)

Dear Medical Records Custodian:

On September 4, 2012, I issued a medical records request to your facility seeking a complete set of medical records and itemized statements for the above-referenced patient (see enclosed). To date, however, our office has no record of receiving a response to the records request. Kindly forward copies of Mr. Duberg's medical records and itemized statements at your earliest convenience. Thank you.

Very truly yours,

Cicero, France, Barch & Alexander, P.C.

RONALD A. BARCH

RB:mj/subltr.records.Dr.Sek.002 encls.

cc:

Attorney Hans A. Mast Attorney Perry Accardo

# CICERO, FRANCE, BARCH & ALEXANDER, P.C.

A Professional Corporation
Attorneys at Law
6323 EAST RIVERSIDE BOULEVARD
ROCKFORD, ILLINOIS 61114

PAUL R. CICERO
JOHN W. FRANCE
RONALD A. BARCH
CHARLES P. ALEXANDER

September 4, 2012

TEL: (815) 226-7700 FAX: (815) 226-7701

CHANTEL R. BIELSKIS ANDREW T. SMITH

> Release of Information/Medical Records Custodian c/o Dr. Frank Sek 4606 West Elm Street McHenry, IL 60050

> > Re:

Paul Dulberg v. Carolyn McGuire and Bill McGuire

McHenry County Case No. 12 LA 178 Records of: Paul Dulberg (B/D: 3/19/70)

Dear Medical Records Custodian:

Enclosed with this letter is a Subpoena for Deposition, a HIPAA Records Release Authorization and a check in the amount of \$20.00, the legal witness fee.

Please be advised that your appearance on the date indicated is <u>not</u> necessary. You may comply with the subpoena by mailing legible copies of all medical records, <u>medical statements for services</u> and medical reports of Paul Dulberg for the dates requested in the subpoena, in your possession or subject to your control.

Please note that we represent Carolyn McGuire and Bill McGuire in this case and not your patient. Since we do not represent the patient, we cannot discuss the substance of your care or the pending lawsuit with you outside the presence of your patient's attorney. If you have questions about how to comply with the subpoena, you may call my secretary, but neither she nor I can talk to you about any aspect of the lawsuit or the patient's medical treatment. Thank you in advance for your professional cooperation.

Very truly yours,

Cicero, France, Barch & Alexander, P.C.

RONALD A. BARCH

RB:mj/subltr.records

encis.

cc:

Attorney Hans A. Mast

# STATE OF ILLINOIS IN THE CIRCUIT COURT OF THE 22<sup>ND</sup> JUDICIAL CIRCUIT COUNTY OF McHENRY

| PAUL DULBERG, Plaintiff,                                                                                                                        | ) Case No. 12 LA 178                                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| vs.                                                                                                                                             | )                                                                                                                                                        |
| DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually, Defendants. | ) ) ) ) SUBPOENA FOR DEPOSITION ) (for Records Only) )                                                                                                   |
| TO: Release of Information/Medical Records<br>c/o Dr. Frank Sek<br>4606 West Elm Street<br>McHenry, IL 60050                                    | s Custodian                                                                                                                                              |
| YOU ARE COMMANDED to appea 6323 East Riverside Blvd., Rockford, Illinois 6                                                                      | r to give your deposition before a notary public at 1114, on September 19, 2012, at 9:00 A.M.                                                            |
| records file and medical statements for servi                                                                                                   | to produce the following: The complete medical tices pertaining to the care and treatment of PAUL 2006 to the present date, exclusive of x-ray films, in |
| PROVIDED TO ATTORNEY RONALD                                                                                                                     | MANDATORY IF SAID DOCUMENTS ARE<br>A. BARCH ON OR BEFORE SEPTEMBER 18<br>DAPPEAR IN RESPONSE TO THIS SUBPOENA<br>FOR CONTEMPT OF THIS COURT.             |
| 6323 East Riverside Blvd.                                                                                                                       | CICERO, FRANCE, BARCH & ALEXANDER, PC<br>BY:RONALD A. BARCH (6209572)                                                                                    |
| I served the subpoena by mailing a c<br>Sek on September 4, 2012. I paid the witness                                                            | sopy to the Medical Records Custodian c/o Dr. Fran<br>\$20.00 for witness fees.                                                                          |
| Signed and sworn to before me on September 4, 2012  MARLE M JOH  (Notary Public)                                                                | RONALD A. BARCH  AL  NSON OF ILLINOIS ES:09/29/13                                                                                                        |

Dulberg 005776

#### HIPAA RECORDS RELEASE AUTHORIZATION

I, the undersigned, hereby authorize and allow release of medical and personal health information and records pertaining to Plaintiff, PAUL DULBERG (DOB: March 19, 1970), to the parties, and attorneys for those parties, in the action that has been filed entitled *Paul Dulberg*, *Plaintiff*, v. David Gagnon, individually and as agent of Caroline McGuire and Bill McGuire, and Caroline McGuire and Bill McGuire, individually, Defendants, Case No. 12 LA 178, in the Circuit Court of the 122nd Judicial Circuit, McHenry County, Illinois ("the litigation").

I understand that the information that can be obtained by presentation of this Authorization includes copies of any and all hospital, clinic or doctor's records, notes, memoranda, pathology, radiology, surgical or other specialists or consultant reports, lab or test results, physical therapy records, inpatient and outpatient records, index cards, patient information or history sheets, prescription information, correspondence, billing and payment records, insurance information, photographs and all other related information and documents concerning this patient.

This Authorization may be used by my attorney to obtain any of the above information. This Authorization may also be used by any party to this litigation, to obtain any of the above information; however, this Authorization can only be used by other parties if accompanied by a valid subpoena or production request for those records with notice of that subpoena or production request to my attorney.

I understand that this Authorization may be used to obtain records of any health care provider or health insurer that may have medical information about me.

I understand that this Authorization is being provided for purposes of the litigation. The records and information obtained by use of this Authorization may be used in that litigation by the parties, including providing this material to experts or consultants, use of it at depositions and other discovery, as well as filing such records in court with pleadings or discovery documents.

This Authorization, unless otherwise revoked, shall be valid during the course of this litigation and until its resolution.

I understand that I may revoke this Authorization by instructing my attorney to advise all parties in writing that this Authorization is revoked.

By accepting and honoring this Authorization, any entity covered by the Health Insurance Portability and Accounting Act (hereinafter referred to as "HIPAA") agrees that the disclosure of the information will have no effect on my ability or inability to receive treatment, payment, enrollment or benefits from the entity providing the records.

I understand that by signing this Authorization otherwise protected health information about me may be disclosed by the parties that receive it and that those parties are not restricted by HIPAA or its regulation as to how they may disclose the information that is provided pursuant to this Authorization.

I understand that a photocopy of this Authorization shall have the same force and effect as the original.

It is my earnest desire to move forward with the prosecution of the lawsuit as expeditiously as possible and I do not want to have to sign multiple authorizations as additional medical providers to myself are identified. Therefore, I specifically request that all of my medical providers honor this authorization, even though they are not specifically identified herein.

PAUL DULBERG, Plaintiff

Dated this da

day of 7×1/201

Subscribed and sworn to before me this

, 2012.

Notary Public

OFFICIAL SEAL
SHEILA M QUINLAN
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES CONTAINA

# CICERO, FRANCE, BARCH & ALEXANDER, P.C.

A Professional Corporation Attorneys at Law 6323 EAST RIVERSIDE BOULEVARD ROCKFORD, ILLINOIS 61114

PAUL R. CICERO JOHN W. FRANCE RONALD A. BARCII CHARLES P. ALEXANDER

October 24, 2012

TEL: (815) 226-7700 FAX: (815) 226-7701

COPY

CHANTEL R. BIELSKIS ANDREW T. SMITH

> Release of Information/Medical Records Custodian c/o MidAmerica Hand to Shoulder Clinic 1419 Peterson Road Libertyville, IL 60048

> > Re:

Paul Dulberg v. Carolyn McGuire and Bill McGuire

McHenry County Case No. 12 LA 178 Records of: Paul Dulberg (B/D: 3/19/70)

Dear Medical Records Custodian:

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Very truly yours,

Cicero, France, Barch & Alexander, P.C.

RONALD A. BARCH

RB:mj/subltr.records.MAHSC.002

encis. cc:

Attorney Hans A. Mast

Attorney Perry Accardo

# CICERO, FRANCE, BARCH & ALEXANDER, P.C.

A Professional Corporation Attorneys at Law 6323 EAST RIVERSIDE BOULEVARD ROCKFORD, ILLINOIS 61114

PAUL R. CICERO
JOHN W. FRANCE
RONALD A. BARCH
CHARLES P. ALEXANDER

September 4, 2012

TEL: (815) 226-7700 FAX: (815) 226-7701

CHANTEL R. BIELSKIS ANDREW T. SMITH

> Release of Information/Medical Records Custodian c/o MidAmerica Hand to Shoulder Clinic 1419 Peterson Road Libertyville, IL 60048

> > Re:

Paul Dulberg v. Carolyn McGuire and Bill McGuire

McHenry County Case No. 12 LA 178 Records of: Paul Dulberg (B/D: 3/19/70)

Dear Medical Records Custodian:

Enclosed with this letter is a Subpoena for Deposition, a HIPAA Records Release Authorization and a check in the amount of \$20.00, the legal witness fee.

Please be advised that your appearance on the date indicated is <u>not</u> necessary. You may comply with the subpoena by mailing legible copies of all medical records, <u>medical statements for services</u> and medical reports of Paul Dulberg for the dates requested in the subpoena, in your possession or subject to your control.

Please note that we represent Carolyn McGuire and Bill McGuire in this case and not your patient. Since we do not represent the patient, we cannot discuss the substance of your care or the pending lawsuit with you outside the presence of your patient's attorney. If you have questions about how to comply with the subpoena, you may call my secretary, but neither she nor I can talk to you about any aspect of the lawsuit or the patient's medical treatment. Thank you in advance for your professional cooperation.

Very truly yours,

Cicero, France, Barch & Alexander, P.C.

RONALD A. BARCH

RB:mj/subltr.records

encls.

cc:

Attorney Hans A. Mast

# STATE OF ILLINOIS IN THE CIRCUIT COURT OF THE 22<sup>ND</sup> JUDICIAL CIRCUIT COUNTY OF McHENRY

PAUL DULBERG,

| PAUL DULBERG, Plaintiff,                                                                                                                         | ) Case No. 12 LA 178                                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| vs.                                                                                                                                              | )                                                                                                                                                |
| DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually,  Defendants. | ) ) ) ) SUBPOENA FOR DEPOSITION ) (for Records Only) )                                                                                           |
| TO: Release of Information/Medical Records c/o Mid America Hand to Shoulder Clinic 1419 Peterson Road Libertyville, IL 60048                     |                                                                                                                                                  |
| YOU ARE COMMANDED to appear 6323 East Riverside Blvd., Rockford, Illinois 611                                                                    | to give your deposition before a notary public at 14, on September 19, 2012, at 9:00 A.M.                                                        |
| records file and medical statements for service                                                                                                  | produce the following: The complete medical so pertaining to the care and treatment of PAUL 06 to the present date, exclusive of x-ray films, in |
| PROVIDED TO ATTORNEY RONALD A.                                                                                                                   | ANDATORY IF SAID DOCUMENTS ARE BARCH ON OR BEFORE SEPTEMBER 18, APPEAR IN RESPONSE TO THIS SUBPOENAR CONTEMPT OF THIS COURT.                     |
| 6323 East Riverside Blvd.                                                                                                                        | Y: RONALD A. BARCH (6209572)                                                                                                                     |
| I served the subpoena by mailing a copy Hand to Shoulder Clinic on September 4, 2012.                                                            | to the Medical Records Custodian c/o Mid America<br>I paid the witness \$20,00 for witness fees.                                                 |
| Signed and sworn to before me on September 4, 2012.                                                                                              | RONALD A. BARCH                                                                                                                                  |
| (Notary Public)                                                                                                                                  | FFICIAL SEAL ENE M JOHNSON IBLIC - STATE OF ILLINOIS SSION EXPIRES:09/29/13  Dulberg 005781                                                      |
|                                                                                                                                                  | Dulberg 005781                                                                                                                                   |

### HIPAA RECORDS RELEASE AUTHORIZATION

I, the undersigned, hereby authorize and allow release of medical and personal health information and records pertaining to Plaintiff, PAUL DULBERG (DOB: March 19, 1970), to the parties, and attorneys for those parties, in the action that has been filed entitled *Paul Dulberg*, *Plaintiff*, v. David Gagnon, individually and as agent of Caroline McGuire and Bill McGuire, and Caroline McGuire and Bill McGuire, individually, Defendants, Case No. 12 LA 178, in the Circuit Court of the 122nd Judicial Circuit, McHenry County, Illinois ("the litigation").

I understand that the information that can be obtained by presentation of this Authorization includes copies of any and all hospital, clinic or doctor's records, notes, memoranda, pathology, radiology, surgical or other specialists or consultant reports, lab or test results, physical therapy records, inpatient and outpatient records, index cards, patient information or history sheets, prescription information, correspondence, billing and payment records, insurance information, photographs and all other related information and documents concerning this patient.

This Authorization may be used by my attorney to obtain any of the above information. This Authorization may also be used by any party to this litigation, to obtain any of the above information; however, this Authorization can only be used by other parties if accompanied by a valid subpoena or production request for those records with notice of that subpoena or production request to my attorney.

I understand that this Authorization may be used to obtain records of any health care provider or health insurer that may have medical information about me.

I understand that this Authorization is being provided for purposes of the litigation. The records and information obtained by use of this Authorization may be used in that litigation by the parties, including providing this material to experts or consultants, use of it at depositions and other discovery, as well as filing such records in court with pleadings or discovery documents.

This Authorization, unless otherwise revoked, shall be valid during the course of this litigation and until its resolution.

I understand that I may revoke this Authorization by instructing my attorney to advise all parties in writing that this Authorization is revoked.

By accepting and honoring this Authorization, any entity covered by the Health Insurance Portability and Accounting Act (hereinafter referred to as "HIPAA") agrees that the disclosure of the information will have no effect on my ability or inability to receive treatment, payment, enrollment or benefits from the entity providing the records.

I understand that by signing this Authorization otherwise protected health information about me may be disclosed by the parties that receive it and that those parties are not restricted by HIPAA or its regulation as to how they may disclose the information that is provided pursuant to this Authorization.

I understand that a photocopy of this Authorization shall have the same force and effect as the original.

It is my earnest desire to move forward with the prosecution of the lawsuit as expeditiously as possible and I do not want to have to sign multiple authorizations as additional medical providers to myself are identified. Therefore, I specifically request that all of my medical providers honor this authorization, even though they are not specifically identified herein.

PAUL DULBERG, Plaintiff

Dated this O day of

Subscribed and sworn to before me this A

, 2012.

Votary Public

OFFICIAL SEAL
SHEILA M QUINLAN
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:00/13/14

# IN THE CIRCUIT COURT FOR THE TWENTY-SECOND JUDICIAL CIRCUIT McHENRY COUNTY, ILLINOIS

| PAUL DULBERG,                      | ) |     |           |
|------------------------------------|---|-----|-----------|
|                                    | ) |     |           |
| Plaintiff,                         | ) |     |           |
|                                    | ) |     |           |
| vs.                                | ) | No. | 12 LA 178 |
| •                                  | ) |     |           |
| DAVID GAGNON, Individually, and as | ) |     |           |
| Agent of CAROLINE McGUIRE and BILL | ) |     |           |
| McGUIRE and CAROLINE McGUIRE       | ) |     |           |
| and BILL McGUIRE, Individually,    | ) |     |           |
| •                                  | ) |     |           |
| Defendants.                        | ) |     |           |

# PLAINTIFF'S RULE 237(b) NOTICE TO PRODUCE AT TRIAL AND/OR ARBITRATION TO DEFENDANTS, BILL McGUIRE AND CAROLINE McGUIRE

NOW COMES the Plaintiff, PAUL DULBERG, by and through his attorneys, LAW OFFICES OF THOMAS J. POPOVICH, P.C., and pursuant to Supreme Court Rule 237(b), demands the production of the following at the commencement of trial and/or arbitration:

- 1. Defendant, BILL McGUIRE, to be called as an adverse witness under the applicable rules.
- 2. Defendant, CAROLINE McGUIRE, to be called as an adverse witness under the applicable rules.
  - 3. Any and all documents previously requested pursuant to Supreme Court Rule 214.

HANS A. MAST, Attorney for the Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH, P.C.

3416 West Elm Street McHenry, IL 60050 815-344-3797 Attorney No. 6203684

S:\Main\DULBBRO, PAUL\Discovery\Rule 237 Notice to Defs 6-19-12.wpd

# CICERO, FRANCE, BARCH & ALEXANDER, P.C.

19pgs

A Professional Corporation Attorneys at Law 6323 EAST RIVERSIDE BOULEVARD ROCKFORD, ILLINOIS 61114

PAUL R. CICERO JOHN W. PRANCE RONALD A. BARCH CHARLES P. ALEXANDER

September 4, 2012

TEL: (HIS) 226-7700 FAX: (HIS) 226-7701

CHANTEL R. BIELSKIS ANDREW T. SMITH

> Release of Information/Medical Records Custodian c/o MidAmerica Hand to Shoulder Clinic 1419 Peterson Road Libertyville, IL 60048

Cris

Rec'd 11.01.12

1331

Re:

Paul Dulberg v. Carolyn McGuire and Bill McGuire McHenry County Case No. 12 LA 178 Records of: Paul Dulberg (B/D: 3/19/70)

Dear Medical Records Custodian:

Enclosed with this letter is a Subpoena for Deposition, a HIPAA Records Release Authorization and a check in the amount of \$20.00, the legal witness fee.

Please be advised that your appearance on the date indicated is <u>not</u> necessary. You may comply with the subpoena by mailing legible copies of all medical records, <u>medical statements for services</u> and medical reports of Paul Dulberg for the dates requested in the subpoena, in your possession or subject to your control.

Please note that we represent Carolyn McGuire and Bill McGuire in this case and not your patient. Since we do not represent the patient, we cannot discuss the substance of your pending lawsuit with you outside the presence of your patient's attorney. If you have questions about how to comply with the subpoena, you may call my secretary, but neither she nor I can talk to you about any aspect of the lawsuit or the patient's medical treatment. Thank you in advance for your professional cooperation.

Very truly yours,

Cicero, France, Barch & Alexander, P.C.

RONALD A. BARCH

RB:mj/subltr.records

encls.

Attorney Hans A. Mast

#### HISTORY & PHYSICAL

PATIENT: Dulberg, Paul

AGE: 41 years old

**EXAM DATE: 12/02/11** 

CHIEF COMPLAINT: Right forearm pain.

HPI:

Patient is a 41-year-old male who is right-hand dominant. He was referred by Dr. Karen Levin, MD, neurology, for evaluation of an injury he sustained to his right medial forearm in June of 2011. He apparently was using a chain saw when he accidentally struck the volar medial aspect of his right forearm in roughly the mid forearm range with a chain saw. He had a large open wound down to muscle. He was seen in the emergency department where the wound is here it at the muscle was sewn together and the skin was closed. He followed up with his primary care provider. He has noted persistent pain which he describes as intermittent and shooting in character radiating from the laceration site. He occasionally has intermittent numbness and tingling in the ring and small finger. He reports grip weakness and no endurance with wrist flexion and gripping. He has not had therapy to date. He did have an EMG/NCS performed by Dr. Levin in August of 2011. Per the patient the study was normal. I do not have that study available at this moment. He currently is not working but is a graphic designer by training. He reports using a computer mouse for 20 minutes causes significant forearm pain.

MEDICATION:

Patient has no current medications.

ALLERGIES:

nkda

REFERRAL SOURCE: Not Referred By

ILLNESSES:

**Arthritis** 

OPERATIONS:

Ulnar Nerve Transportation: Active

SOCIAL HISTORY: Alcohol - Denies

Marital Status: Single

Smoking; current every day smoker

FAMILY HISTORY:

Diabetes

OCCUPATION:

Graphic Designer

#### ROS:

1. Head and Neck;

System reported as normal by patient, System reported as normal by patient,

Heart:
 Lungs:

System reported as normal by patient.

4. GI:

System reported as normal by patient.

5. GU:

System reported as normal by patient.

6. Neuro:

As per HPI.

7. Musculoskeletal:

As per HPI.

8. Abdomen:

System reported as normal by patient.

Heme/Lymph:

System reported as normal by patient.

10. Other:

#### PHYSICAL EXAM:

Vitals:

No data for Vitals.

Appearance:

No distress, good color on room air. Alert and cooperative.

Skin:

Bilateral upper extremities: no open wounds or skin changes.

Neuro:

Bilateral upper extremities. Median, radial and ulnar nerves are motor and sensory intact.

Light touch intact all digits, no weakness or wasting.

Vascular:

Bilateral upper extremities; palpable radial pulses and brisk capillary refill.

Focused Exam:

Examination of his right-upper extremity reveals his elbow has normal painless range of motion. No focal tendemess to palpation. Collateral ligaments are stable. His forearm compartments are soft. He has a well-healed transverse laceration on the volar medial mid forearm level. There is no erythema, drainage, or fluctuance at the level of the laceration. There is no tenderness to palpation at the laceration site. There is some apparent muscle incongruity. Distally his hand demonstrates no atrophy. He has 5 out of 5 intrinsic strength. 5 out of 5 APB strength. He can make a full fist with full extension of all digits. He does not

demonstrate a clawed posture. He has a negative Froment sign. He has a positive

Wartenberg sign. Wrist flexion and extension is 5 out of 5 strength. He has a palpable FCU

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**IMAGING:** 

and ECU tendons at the level of the wrist. They have appropriate tension. None today.

ASSESSMENT:

DIAGNOSIS: PROCEDURES:

906.1-LATE EFFECT OPEN WND EXTREM 99203-NEW Detailed, Low Complexity

PLAN: Plan:

I reviewed findings, treatment options, and recommendations with the patient concerning the forearm complaints he has. I would like to see the official report of the EMG/NCS. We will obtain this report. There is no evidence of a complete injury to his ulnar nerve on physical exam. His complaints are likely muscular in origin. He may have some superficial sensory complaints as well. I do not think he needs any surgical intervention at this time. I did recommend and provided him with a prescription for occupational therapy to work on strengthening and conditioning of the forearm muscles. They can also perform some pain control modalities. I would like to see him back in 4-6 weeks' time to see if therapy is of some assistance to him. I will contact him by phone if his EMG is significantly abnormal. Otherwise we will discuss it at the next followup visit. Patient was in agreement with the plan.

Prescription: Work Status:

No data for Prescription

Not applicable.

Manux 1: Taleuns, M

Marcus G. Talerico, M.D.

Referred by: Dr. Karen Levin Primary Care Physician: Dr. Sek

Other: n/a

06/21/12 -- Patient clarified that this injury occurred on the above mentioned date but that he was not holding on to the chainsaw. Instead, he was helping his neighbor by holding a branch and the neighbor was the one cutting the branch with the chainsaw. vv

Fax Created - Dated Jun 21 2012 9:52AM

PATIENT: Duiberg, Paul R AGE: 41 years old

HOME: 4646 Aden Court

Mchenry, IL 60051

EXAM DATE: 01/06/12

PID: 1002454

THE THE PROPERTY LINE BY THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE P

CHIEF COMPLAINT: Right forearm pain.

Nurse's Notes: Patient doesn't feel occupation therapy is helping. He complaints of pain/soreness and loss of

strength, MT

Referred by: Not Referred By

Patient is a 41-year-old male who is right-hand dominant. He was referred by Dr. Karen Levin, Mt. HPI: neurology, for evaluation of an injury he sustained to his right medial forearm in June of 2011. He apparently was using a chain saw when he accidentally struck the volar medial aspect of his right forearm in roughly the mid forearm range with a chain saw. He had a large open wound down to muscle, He was seen in the emergency department where the wound was debrided and the muscle was sewn together and the skin was closed. He followed up with his primary care provider. He has noted persistent pain which he describes as intermittent and shooting in character radiating from the laceration site. He occasionally has intermittent numbness and tingling in the ring and small finger. He reports grip weakness and no endurance with wrist flexion and gripping. He has not had therapy to date. He did have an EMG/NCS performed by Dr.Levin in August of 2011. Per the patient the study was normal. I saw the patient a proximally one month ago recommended a course of occupational therapy. He has attended one or 2 sessions thus far. I also obtained and the EMG nerve conduction study to review. The patient reports no improvement in symptoms. He thinks that therapy is not helpful. He feels he is getting weaker. He feels burning in the forearm region. He also asked me about disability paperwork.

MEDICAL HISTORY: Arthritis

MEDICATION:

naproxen (Dosage: 375 mg Tablet, Delayed Release (E.C.) SIG: Take 1 tablet Oral twice

a day Oral Dispense: 90 Refills: 2)

ALLERGIES:

nkda

SOCIAL HISTORY

Alcohol - Denies

Marital Status: Single

Smoking: current every day smoker

PHYSICAL EXAM:

Appearance:

No distress. Alert and cooperative.

Skin:

Bilateral upper extremities: no open wounds or skin changes. Well-healed laceration in the

mid forearm region right side ulnar aspect. No evidence of infection.

Neuro:

Bilateral upper extremities: light touch intact all digits, no weakness or wasting,

Focused Exam:

Elbow with full and painless motion in the right side. Forearm compartments are soft there is no obvious deformity. He has preserved wrist flexion and extension strength. He can make a full fist and has full extension of all digits. He has no intrinsic or thenar atrophy. He has 5/5 APB and intrinsic strength. He has a negative Froment sign. He does have a positive

Wartenberg sign. FDP to the small finger is 5/5.

IMAGING:

None today.

DIAGNOSIS:

906.1-LATE EFFECT OPEN WND EXTREM

PROCEDURES:

99213-ESTABLISHED Expanded, Low Complexity

<u>ASSESSMENT & PLAN:</u>

Plan:

I reviewed findings, treatment options, and recommendations with the patient concerning the forearm complaints he has. I reviewed the EMG/NCS which is a normal study. There is noevidence of ulnar nerve injury. Given the location of his injury this is the only significant problem I can imagine from this wound. There is no evidence of any nerve or tendon injury. He may have some residual soreness and some superficial sensory abnormalities but this should improve over time. Our recommendation is simply continued therapy. No need for surgical intervention that I can foresee. Unfortunately do not have anything further to offer the patient at this time. I would be happy to see him back in the future on an as needed

basis.

Work Status:

Not applicable.

Page 3

Manne XI. Taleno, Mas

Marcus G. Talerico, M.D.

Referred by: Dr. Karen Levin Other: Hans Mast(Attorney)



### CICERO, FRANCE, BARCH & ALEXANDER, P.C.

A Professional Corporation
Attorneys at Law
6323 EAST RIVERSIDE BOULEVARD
ROCKFORD, ILLINOIS 61114

Paul R. Cicero John W. France Ronald A. Barch Charles P. Alexander TEL: (835) 226-7700 FAX: (815) 226-7701

January 8, 2014

CHANTEL R. BIELSKIS ANDREW T. SMITH

> Mr. Mike Thomas 460 Walbeck Drive Twin Lakes, WI 53181



Case:

Paul Dulberg v. David Gagnon, Caroline McGuire and Bill McGuire (McHenry County Case No. 12 LA 178)

Dear Mr. Thomas:

I am writing in follow-up to my letter of November 4, 2013, which included a deposition subpoena and notice of deposition requiring your appearance for an oral examination under oath on January 17, 2014, at 1:00 p.m. in the law offices of Thomas J. Popovich, 3416 West Elm Street, McHenry, Illinois. In this regard, I note that the letter, subpoena and notice were sent to you via regular U.S. Mail and by certified mail. My office received a return receipt indicating Todd Tedrow signed for the certified letter on your behalf.

In any event, this letter will confirm that I am withdrawing my subpoena and my notice of deposition, as both of my clients have reached a settlement with Mr. Paul Dulberg. You are therefore no longer obligated to appear for deposition on January 17, 2014. With this in mind, kindly return the witness fee that accompanied the subpoena and deposition notice that accompanied the certified mailing.

If you have any questions, please do not hesitate to call. I otherwise thank you in advance for the prompt return of the \$41.00 witness fee.

Very truly yours,

RONALD A. BARCH

RB:mj:38ltr.MT

CC

Perry Accardo

Hans Mast

Tom Malatia (Claim No. 13-2779-11)

## CICERO, FRANCE, BARCH & ALEXANDER, P.C.

A Professional Corporation
Attorneys at Law
6323 EAST RIVERSIDE BOULEVARD
ROCKFORD, ILLINOIS 61114

PAUL R. CICERO
JOHN W. FRANCE
RONALD A. BARCH
CHARLES P. ALEXANDER
CHANTEL R. BIELSKIS

ANDREW T. SMITH

November 4, 2013

TEL: (815) 226-7700 FAX: (815) 226-7701

Mr. Mike Thomas 460 Walbeck Drive Twin Lakes, WI 53181

Case:

Paul Dulberg v. David Gagnon, Caroline McGuire and Bill McGuire (McHenry County Case No. 12 LA 178)

Dear Mr. Thomas:

Enclosed you will find a deposition subpoena and notice of deposition setting your deposition for January 17, 2014, at 1:00 p.m. in the law offices of Thomas J. Popovich, 3416 West Elm Street, McHenry, Illinois. For planning purposes, I am predicting that your deposition will last about an hour or so.

Upon receipt of this letter and the enclosed subpoena, please give me a call at 815/226-7700 to confirm that you are available for deposition on the date and at the time selected. If the date or time selected poses a schedule conflict for you, we can make an attempt to secure a date and time convenient to you, the court reporter and the attorneys involved. When you call I also want to secure an accurate phone number from you so that I have a way to communicate with you if any problems develop on your end or ours.

I look forward to hearing from you at your earliest convenience. Thank you.

Very truly yours,

RONALD A. BARCH

RB:mj:34ltr.MT

Encl, CC

Perry Accardo

Hans Mast

Tom Malatia (Claim No. 13-2779-11)

I HEREBY CERTIFY that on , a true and correct copy of the foregoing Answers to Interrogatories were filed with the Clerk of the Circuit Court of McHenry County and a copy of same was also mailed to: Hans A. Mast Law Offices of Thomas J. Popovich, P.C. 3416 W Elm St McHenry IL 60050

Attorney for Plaintiff(s) Paul Dulberg

Cicero, France, Barch & Alexander PC 6323 East Riverside Blvd Rockford, IL 61114

Attorney for Co-Defendants, Caroline and Bill McGuire

LAW OFFICE OF MAGERARD GREGOIRE

200 N LaSalle St Ste 2650

Chicago, IL 60601-109

Telephone:

By:

PERRYA. ACCARDO

Firm No.: 46878

E-MAIL ADDRESS:

ILLINOISLEGAL@ALLSTATE.COM

Attorney Bar No.: 6228720 Attorney for Defendant(s):

David Gagnon

#### STATE OF ILLINOIS IN THE CIRCUIT COURT OF THE 22<sup>ND</sup> JUDICIAL CIRCUIT COUNTY OF McHENRY

| PAUL DULBERG,                      | )  |                      |
|------------------------------------|----|----------------------|
| Plaintiff,                         | )  | Case No. 12 LA 178   |
|                                    | )  |                      |
| VS.                                | ). |                      |
|                                    | )  |                      |
| DAVID GAGNON, Individually, and as | )  |                      |
| Agent of CAROLINE MCGUIRE and BILL | )  |                      |
| MCGUIRE, and CAROLINE MCGUIRE      | )  | SUBPOENA FOR         |
| and BILL MCGUIRE, Individually,    | )  | DISCOVERY DEPOSITION |
| Defendants                         | ĺ  |                      |

TO: MIKE THOMAS 460 Walbeck Drive Twin Lakes, WI 53181

YOU ARE COMMANDED to appear to give your deposition before a certified court reporter at the Law Offices of Thomas J. Popovich, 3416 West Elm Street, McHenry, Illinois, on January 17, 2014, at 1:00 p.m.

YOUR FAILURE TO APPEAR IN RESPONSE TO THIS SUBPOENA WILL SUBJECT YOU TO PUNISHMENT FOR CONTEMPT OF THIS COURT.

WITNESS, November 4, 2013.

ATTORNEY RONALD A. BARCH Attorney for Defendants, Bill McGuire and Carolyn McGuire 6323 East Riverside Blvd. Rockford, IL 61114 815/226-7700 815/226-7701 (fax)

Cicero, France, Barch & Alexander, P.C.

BY:

RONALD A. BARCH (6209572)

#### CERTIFICATE OF SERVICE

I served this subpoena by mailing a copy to Mike Thomas via certified mail (return receipt requested) on November 4, 2013; and also mailed via regular mail on the same date. I paid the witness \$41.00 for witness and mileage fees.

RONALD A. BARCH Cicero, France, Barch & Alexander, P.C. Attorneys for Plaintiff/Defendant 6323 East Riverside Blvd. Rockford, IL 61114 -- 815/226-7700

Subscribed and sworn to before me on November 4, 2013.

soulere C &

(Notary Public)

## CICERO, FRANCE, BARCH & ALEXANDER, P.C.

A Professional Corporation Attorneys at Law 6323 EAST RIVERSIDE BOULEVARD ROCKFORD, ILLINOIS 61114

PAUL R. CICERÓ
JOHN W. FRANCE
RONALD A. BARCH
CHARLES P. ALEXANDER

TEL: (815) 226-7700 FAX: (815) 226-7701

please set

CHARLES F. ALEXANDE
CHARLES F. ALEXANDE
CHARLES F. ALEXANDE
ANDREW T. SMITH

July 25, 2013

Attorney Hans A. Mast Law Offices of Thomas J. Popovich, PC 3416 West Elm Street McHenry, IL 60050

Case:

Paul Dulberg v. David Gagnon, Caroline McGuire and Bill McGuire

(McHenry County Case No. 12 LA 178)

Dear Mr. Mast:

With respect to Mike Thomas' discovery deposition, I am currently available during the afternoon of August 13, after court on August 14, the afternoon of August 15, and any time on August 20, August 21, August 22 or August 23.

Thank you for agreeing to make arrangements for Mr. Thomas to appear. I look forward to hearing back from you on a date that works for you, Mr. Thomas and Mr. Accardo.

For communication purposes, I will be out of the office 7/26 through 8/5. In my absence, feel free to have your deposition assistant work with my assistant Marlene Johnson. Hopefully we can report the deposition scheduled when we are next in court.

Very truly yours,

RONALD A. BARCH

RB:mj\30ltr.HAM

Tom Malatia (Claim No. 13-2779-11)

Attorney Perry Accardo



THOMAS J. POPOVICH

HANS A. MAST

JOHN A. KORNAK+

DIANA M. REITER

# The Law Offices of Thomas J. Popovich P.C.

3416 W. ELM STREET

McHenry, Illinois 60050

Telephone: 815.344.3797

FACSIMILE: 815.344.5280

www.popovichlaw.com

MARK.J. VOGG JAMES P. TUTAJ ROBERT J. LUMBER THERESA M. FREEMAN

July 16, 2012

NorthwestCommunity Hospital MEDICAL RECORDS/PATIENT BILLING 800 W. Central Road Arlington Heights, IL 60005

Re:

Patient:

Paul Dulberg

Date of Birth:

03/19/1970

Date of Service:

06/28/2011 to present

Dear Sir or Madam:

Please be advised that the above-captioned person is represented by the LAW OFFICES OF THOMAS J. POPOVICH, P.C. We respectfully request the following information:

- Complete copy of the patient's file with your facility, including correspondence, doctor/nurse notes and therapy records from 06/28/11 to present; and
- Itemized bills for services rendered.

Attached please find a HIPAA authorization signed by our client/your patient permitting the release of the foregoing documents being requested.

Please direct these documents back to my attention by mailing the information to the address listed above. Thank you for your prompt attention to this request.

LAW OFFICES OF THOMAS J. POPOVICH, P.C.

Very truly yours,

llair Dulum

Alarie Dullum,

Paralegal

71265382

# HIPAA AUTHORIZATION FORM

| PATIENT NAME: PUU DUID                                                                                                                                                                                                    | perg                                                                                                                                                                                                               | <del></del>                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| DATE OF BIRTH: 3/19/70                                                                                                                                                                                                    |                                                                                                                                                                                                                    |                                                        |
| DATE OF SERVICE: U 28/1                                                                                                                                                                                                   | 2-Present                                                                                                                                                                                                          |                                                        |
| FUKSUANT TO 735 π.CS 5/8.200                                                                                                                                                                                              | (11)<br>01, 735 ILCS 5/8-2003 OF THE<br>THORIZE USE OR DISCLOS<br>DESCRIBED BELOW.                                                                                                                                 | ILLINOIS COMPILED STATUTES<br>SURE OF PROTECTED HEALTH |
| The following spectrequested use or disclosure:     Medical Provider:                                                                                                                                                     | •                                                                                                                                                                                                                  | or facility is authorized to make the                  |
| 2. The Law Offices of information about me.                                                                                                                                                                               | Thomas J. Popovich, P.C., may                                                                                                                                                                                      | receive disclosure of protected health                 |
| hospital record may contain mental had Acquired Immune Deficiency Syndro and/or healthcare information authormay be disclosed ouly on my authorised pursuant to this authorization inspect and arrange for photocopies of | ealth and developmental disability one (AIDS)/HIV tests results and rization to be disclosed hereunder orization, except as required by on may be re-disclosed by health it of the records/healthcare information. | •                                                      |
| 5. I may revoke this aut in writing of my desire to revoke it. I authorization cannot be reversed, and medical provider to whom this authorization.                                                                       | thorization by notifying (LW) Of the lowever, I understand that any act on the revocation will not affect ization is furnished may not concept.                                                                    | ction already taken in reliance of this                |
| 6. This authorization                                                                                                                                                                                                     | ON EXPIRES ONE YEAR FROM TH                                                                                                                                                                                        | E DATÉ OF MY SIGNATURE.                                |
| 7. This information for a legal action being handled by my attor                                                                                                                                                          | which I am authorizing disclosur<br>rneys, Law Offices of Thomas J                                                                                                                                                 | e will be used for the purpose of my                   |
| SIGNATURE OF PATIENT OF LEG                                                                                                                                                                                               |                                                                                                                                                                                                                    | 7/2/11                                                 |
| SIGNATURE OF PATIENT OF LEG                                                                                                                                                                                               | GAL REPRESENTATIVE                                                                                                                                                                                                 | Date                                                   |
| If signed by legal representative, relati                                                                                                                                                                                 | ionship to patient:                                                                                                                                                                                                |                                                        |
| Slais Dellem                                                                                                                                                                                                              |                                                                                                                                                                                                                    | 7-12=12                                                |
| Signature of witness                                                                                                                                                                                                      |                                                                                                                                                                                                                    | Date                                                   |

FUXED August 28, 2012 - 2 pages

MDS Investigations, Inc.

P.O. Box 309
McHenry, IL, 60051
(815) 344-4657 (800) 988-6374 , (815) 344-4831 Fax

#### RETURN SERVICE REQUESTED

Invoice

THOMAS J. POPOVICH P.C. 3416 W. ELM ST. MCHENRY IL 60050

815.344.3797 Business 815.344.5280 Fax

Reference Job #59131 when remitting.

Originally billed on June 4, 2012

Robin S. Greene vs Nadir A. Malley,

Docket/Case Number: 12LA176Nadir A. Malley

Fee for Non Service: \$55.00

Fee for Service: \$55.00

Fee for Service: \$5.00

Fee for Service: \$55.00

McHenry County Bad Address 1 at 55 per \$55.00

Reference Job #59135 when remitting.

Originally billed on June 18, 2012

Paul Dulberg vs Bill McGuire,

Docket Number: 12LA178Summons - Bill McGuire

Reference Job #59136 when remitting.

Originally billed on June 18, 2012

Paul Dulberg vs Caroline McGuire,

Docket/Case Number: 12LA178SummonsCaroline McGuire

Reference Job #59137 when remitting.

Originally billed on June 18, 2012

Paul Dulberg vs David Gagnon,

Docket Number: 12LA178Summons - David Gagnon

Reference Job #59138 when remitting.

Originally billed on June 4, 2012

Jourdan M. Neiss vs Travis M. White,

Docket/Case Number: 12LA177SummonsTravis M. White

Reference Job #59139 when remitting.

Originally billed on June 4, 2012

Steven M. Fino vs Daniel R. Heideman,

Docket/Case Number: 12LA175SummonsDaniel R. Heideman

Fee for Service: \$55.00

Fee for Service: \$55.00

**Dulberg 005797** 

August 28, 2012 - Pages

## MDS Investigations, Inc.

P.O. Box 309 McHenry, IL, 60051 (815) 344-4657 (800) 988-6374 , (815) 344-4831 Fax

# RETURN SERVICE REQUESTED

Invoice

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MCHENRY IL 60050

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Originally billed on June 18, 2012

Paul Dulberg vs Caroline McGuire,

□ocket/Case Number: 12LA178SummonsCaroline McGuire

Reference Job #59137 when remitting.

Originally billed on June 18, 2012

Paul Dulberg vs David Gagnon,

Docket Number: 12LA178Summons - David Gagnon

Reference Job #59138 when remitting.

Originally billed on June 4, 2012

Jourdan M. Neiss vs Travis M. White,

Docket/Case Number: 12LA177SummonsTravis M. White

Reference Job #59139 when remitting.

Originally billed on June 4, 2012

Steven M. Fino vs Daniel R. Heideman,

Docket/Case Number: 12LA175SummonsDaniel R. Heideman

Fee for Service: \$5,00

Fee for Service: \$55.00

Fee for Service: \$55.00

Fee for Service: \$55.00

Fee for Service: \$55.00

August 28, 2012 - 1202 15

MIDS Investigations, Inc.

P.O. Box 309 McHenry, IL, 60051 (815) 344-4657 (800) 988-6374 , (815) 344-4831 Fax

#### RETURN SERVICE REQUESTED

Invoice

THOMAS J. POPOVICH P.C. 3416 W. ELM ST. MCHENRY IL 60050

815.344.3797 Business 815.344.5280 Fax

Fee for Non Service: \$55.00

Fee for Service: \$55,00

Fee for Service: \$5.00

Reference Job #59131 when remitting.

Originally billed on June 4, 2012

Robin S. Greene vs Nadir A. Malley,

Docket/Case Number: 12LA176Nadir A. Malley

McHenry County Bad Address 1 at 55 per \$55.00

Reference Job #59135 when remitting.

Originally billed on June 18, 2012

Paul Dulberg vs Bill McGuire,

Docket Number: 12LA178Summons - Bill McGuire

Reference Job #59136 when remitting.

Originally billed on June 18, 2012

Paul Dulberg vs Caroline McGuire,

Docket/Case Number: 12LA178SummonsCaroline McGuire

Reference Job #59137 when remitting.

Originally billed on June 18, 2012

Paul Dulberg vs David Gagnon,

Docket Number: 12LA178Summons - David Gagnon

Reference Job #59138 when remitting.

Originally billed on June 4, 2012

Jourdan M. Neiss vs Travis M. White,

Docket/Case Number: 12LA177SummonsTravis M. White

Reference Job #59139 when remitting.

Originally billed on June 4, 2012

Steven M. Fino vs Daniel R. Heideman,

Docket/Case Number: 12LA175SummonsDaniel R. Heideman

Fee for Service: \$55.00

Fee for Service: \$55.00

Fee for Service: \$55.00



## Invoice

invoice Date: 7/23/2

Bill To: Thomas Popovich, P.C. 2008

3416 W. Elm Street McHenry IL 60050

Phone: 815-344-3797 Fax: 815-344-5280

Ship To:

Thomas Popovich, P.C. 2008

3416 W. Elm Street McHenry IL 60050

Phone: 815-344-3797 Fax: 815-344-5280

New New New New New

Our Email Address is now minutemanmchenry@comcast.net

#### PLEASE NOTE

| Description                  | Price           |
|------------------------------|-----------------|
| 4 Color-Dulberg (Job 119714) | \$6.56          |
| Invoi                        | ce Total \$6.56 |
| Balar                        | nce Due \$6.56  |

Salesperson: Tom Terms: Net 30 days Thank you, Authorized Signature:

39¢ DIGITAL COLOR COPIES - OUR EVERYDAY LOW PRICE .

Dulberg 005800





Fax to (704) 831-5411 Phone (866) 709-1100 X 121

| To:  | Hans Mast    | From: | Heather Hallman |  |
|------|--------------|-------|-----------------|--|
| Fax: | 18153445280  | Date: | August 21, 2012 |  |
| Ref: | Case Updates | Pages | 1               |  |

Dear Hans Mast,

Global Financial retains a Security Interest/Lien in any proceeds due to from the legal claim(s) below in which you represent him/her. We appreciate your efforts updating our files.

| CaseID | Name         | Please Circle The Current Status Of Each Client       | Medical Facility                       |
|--------|--------------|-------------------------------------------------------|----------------------------------------|
| 265065 | Paul Dulberg | Pending / Settled (Need Payoff) / No Longer Represent | Open Advanced MRI of Round Lake<br>LLC |
|        |              |                                                       |                                        |

Email: Maus Mast a Com Cast . ust (confidential "one-click" updates)

Please complete this update and fax or email it back. If you would like to speak with me, please call (866) 709-1100 x121.

Sincerely,

Fax to (704) 831-5411 or (888) 301-3302

You may scan and email to hhallman@medchex.org

Attorney Financing Now Available For Attorney Financing Call (877) 584-9044

[bkAttyID]

Heather Hallman Case Update Manager

Aug 21 2012 10:24am

|   |                  | -      |                  |      |      |                 |      |
|---|------------------|--------|------------------|------|------|-----------------|------|
|   | Fax/Phone Number | Mode   | Start            | Time | Page | ime Page Result | Note |
| - | 17048315411      | Normal | 21:10:24am 0'36" | 380  | _    | * O X           |      |



#### **CASE UPDATE REQUEST**

Fax to (704) 831-5411 Phone (866) 709-1100 X 121

| To:  | Hans Mast    | From: | Heather Hallman | <b></b> -, |
|------|--------------|-------|-----------------|------------|
| Fax: | 18153445280  | Date: | August 21, 2012 |            |
| Ref: | Case Updates | Pages | 1               | ·          |

Dear Hans Mast,

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| CaseID | Name         | Please Circle The Current Status Of Each Client       | Medical Facility                        |
|--------|--------------|-------------------------------------------------------|-----------------------------------------|
| 265065 | Paul Dulberg | Pending / Settled (Need Payoff) / No Longer Represent | Open Advanced MRI of Round Lake,<br>LLC |
|        |              |                                                       |                                         |

Mausmast a Concast. ner (confidential "one-click" updates)

Please complete this update and fax or email it back. If you would like to speak with me, please call (866) 709-1100 x121.

Sincerely,

Fax to (704) 831-5411 or (888) 301-3302

You may scan and email to hhallman@medchex.org

Heather Haliman Case Update Manager Attorney Financing New Available For Attorney Financing Call (877) 584-9044

[bkAttyID]



re-mail: minutemanmchenry@comcast.ne

Invoice

Invoice Number: 77328 Invoice Date: 6/11/2012

Bill To: Thomas Popovich, P.C. 2008

3416 W. Elm Street McHenry IL 60050

Phone: 815-344-3797 Fax: 815-344-5280

Ship To:

Thomas Popovich, P.C. 2008

3416 W. Elm Street McHenry IL 60050

Phone: 815-344-3797 Fax: 815-344-5280

New New New New New

Our Email Address is now minutemanmchenry@comcast.net

PLEASE NOTE

| D | escription                                |               | Price  |
|---|-------------------------------------------|---------------|--------|
| 6 | escription<br>Color- Dulberg (Job 119189) |               | \$7.34 |
|   |                                           | Invoice Total | \$7.34 |
|   |                                           | Balance Due   | \$7.34 |

| Salesperson: Tom                    |   |
|-------------------------------------|---|
| Terms: Net 30 days                  | , |
| Thank you,<br>Authorized Signature: |   |



## Invoice

Invoice Number: 77961 Invoice Date: 6/18/2012

www.mchenry.minulerhanpres mail: minutemamnchenw@comca

Bill To: Thomas Popovich, P.C. 2008

3416 W. Elm Street McHenry IL 60050

Phone: 815-344-3797 Fax: 815-344-5280

Ship To:

Thomas Popovich, P.C. 2008

3416 W. Elm Street McHenry IL 60050

Phone: 815-344-3797 Fax: 815-344-5280

New New New New New

Our Email Address is now minutemanmchenry@comcast.net

#### PLEASE NOTE

| Description                         |               | Price   |
|-------------------------------------|---------------|---------|
| 6 Color- Dulberg (Job 119269)       |               | \$7.34  |
| 6 Color- McKenzie (Job 119271)      |               | \$7.34  |
| 12 Color- Olga Navarro (Job 119270) |               | \$9.68  |
| •                                   | Sub Total     | \$24.36 |
|                                     | Invoice Total | \$24.36 |
|                                     | Balance Due   | \$24.36 |

| Salesperson: Tom                 |   |
|----------------------------------|---|
| Terms: Net 30 days               | ! |
| Thank you, Authorized Signature: |   |

# **Invoice**

URBANSKI REPORTING COMPANY, INC.

460 Lake Avenue Crystal Lake, IL 60014 312-977-1777 815-356-6140

Tax ID 36-3960092

| DAVINGLORE KORK | INVOICE# |
|-----------------|----------|
| 3/20/2013       | 12638    |

| BULLIO                            |
|-----------------------------------|
| Law Offices of Thomas J. Popovich |
| Mr. Hans Mast                     |
| 3416 W. Elm Street                |
| McHenry, IL 60050                 |
|                                   |
| ·                                 |

| DESCRIPTION                                                                                 | 11NN(0)1((15)1) 4/9/13 (0)UANTITY | DATIBATI<br>L<br>TRATIE       | DUB DATE<br>4/19/2013<br>TOTAL       |
|---------------------------------------------------------------------------------------------|-----------------------------------|-------------------------------|--------------------------------------|
| Dulberg v Gagnon deps of McArtor, C McGuire and W McGuire rptr: P Erickson regular delivery |                                   |                               | 0.00                                 |
| appearance original McArtor copy C McGuire copy W. McGuire                                  | 3.5<br>61<br>108<br>53            | 40.00<br>3.60<br>2.50<br>2.50 | 140.00<br>219.60<br>270.00<br>132.50 |
|                                                                                             |                                   |                               | ,                                    |
| Thoule you Consumbation and                                                                 |                                   |                               |                                      |
| Thank you for your business!                                                                | Total                             |                               | 762.10                               |

\*\*\* All payments will be electronically deposited and debited from your account. Any attempt to stop payment will be assessed a \$30 service fee.\*\*\*

# Law Offices of Thomas J. Popovich, P.C.

3416 West Elm Street McHenry, IL 60050 Telephone: 815-344-3797

Facsimile: 815-344-5280

## **CHECK REQUEST**

PAYABLE TO:

MICHAEL McARTOR

4606 Hayden Court McHenry, IL 60051

FOR:

Subpoena for Deposition

**CLIENT:** 

PAUL DULBERG

AMOUNT:

\$35.00

DATE:

February 21, 2013

**REQUESTED BY:** 

Sheila

NEEDED BY:

February 21, 2013

Thanks!

S:\Main\DULBERG, PAUL\Checks\Mike McArtor sub dep 2-21-13,wpd

Received

Law Offices of Thomas J. Popovich, P.C.

3416 West Elm Street McHenry, IL 60050

Telephone: 815-344-3797 Facsimile: 815-344-5280

# **CHECK REQUEST**

| PAYABLE TO:   | Midwest ROI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FOR:          | Medical Records                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| CLIENT:       | Dulberg, Paul                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| AMOUNT:       | \$46.25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| DATE:         | July 27, 2012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| REQUESTED BY: | Alarie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Thank You!!   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|               | They ned payment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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iwww.mchenryminutemanpress.com e-mall:minutemarimonenry@comcast.net

Invoice :

Invoice Number: 78058 Invoice Date: 10/2/2012

Bill To:

Thomas Popovich, P.C. 2008

3416 W. Elm Street McHenry IL 60050

Phone: 815-344-3797 Fax: 815-344-5280

Ship To:

Thomas Popovich, P.C. 2008

3416 W. Elm Street McHenry IL 60050

Phone: 815-344-3797 Fax: 815-344-5280

**New New New New** 

Our Email Address is now minutemanmchenry@comcast.net

#### PLEASE NOTE

| Description                           |               | Price  |
|---------------------------------------|---------------|--------|
| 25 Color copies- Dulburg (Job 120494) |               | \$9.75 |
|                                       | Invoice Total | \$9.75 |
|                                       | Balance Due   | \$9.75 |

| Salesperson: Tom                    |  |
|-------------------------------------|--|
| Terms: Net 30 days                  |  |
| Thank you,<br>Authorized Signature: |  |

39¢ DIGITAL COLOR COPIES - OUR EVERYDAY LOW PRICE 🛌

pre-payment

Law Offices of Thomas J. Popovich, P.C.

3416 West Elm Street McHenry, IL 60050

Telephone: 815-344-3797 Facsimile: 815-344-5280

## **CHECK REQUEST**

PAYABLE TO:

MidAmerica Hand to Shoulder Clinic

FOR:

Medical Billing

CLIENT:

Dulberg, Paul

AMOUNT:

\$20.00

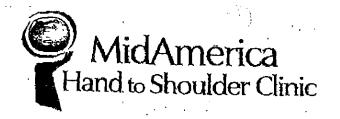
DATE:

July 12, 2012

REQUESTED BY:

Alarie

Thank You!!



khouri, MD, FACS, FICS Gary A. Kronen, MD Paul E. Papierski, MD Taruna Madhav Crawford, MD Marcus G. Talerico, MD Gregory E. Crovetti, MD Jeremy T. Bell, PA-C Thomas M. Hunt, OPA-C, MBA

June 15, 2012

The Law Offices Of Thomas J. Popovich P.C. 3416 W. Elm Street McHenry, Illinois 60050

Dear Mr. Thomas J. Popovich:

We are in receipt of your letter dated June 11, 2012.

In oreder to accommodate your request, we will first need to be in receipt of the \$20.00 copy fee. This is in accordance with Public Act 95-480, which has been updated on January 20th, 2010 m.

TOTAL:

\$20.00

The request was made for medical records for the following patient:

Name:

Paul Dulberg

DOB:

03/19/1970

xxx-xx-4001

Once we have received this fee, we will forward the reports to you as soon as possible. If you have any questions please do not hesitate to contact us.

Than **I**k you in advance.

#2246 P 001 V 001

Samantha McDermott, MA MidA merica Orthopaedics 1419 Peterson Road Liber tyville, IL 60048 (Loca ted in Butterfield Square Mall) Ph: 8-47.247.0547 Fax: 847.247.0540

Dulberg 005810

## Law Offices of Thomas J. Popovich, P.C.

3416 West Elm Street McHenry, IL 60050

Telephone: 815-344-3797 Facsimile: 815-344-5280

# **CHECK REQUEST**

PAYABLE TO:

Associated Neurology, S.C.

FOR:

Medical Records

CLIENT:

Dulberg, Paul

AMOUNT:

\$33.17

DATE:

February 15, 2012

REQUESTED BY:

Alarie

Thank You!!

MITCHELL S. GROBMAN, M.D. KAREN F. LEVIN, M.D.

February 3, 2012

Thomas Popvich, PC 3416 W Elm Street McHenry, IL 60050

RE: Dulberg, Paul DOB: 3/19/1970 SSN: xxx-xx-4001

To Whom It May Concern:

We are in receipt of your written request for medical records relative to the above patient. Our fee for copies of office notes and an itemized medical bill is \$33.17. Our office policy is to release only our doctors' notes. Therefore, no third party records will be provided. These should be obtained from the original source.

If you wish to receive a comprehensive narrative medical report, including history, physical, radiology and diagnostic test interpretations, treatment and prognosis the fee is \$925.00.

If you are requesting copies of medical records, they will be sent shortly after receipt of your check. Narrative reports will be sent within two weeks of receipt of your check.

Sincerely,

Cheryl Kinsley

Associated Neurology, S.C.

Tax ID # 36-3949782



# CASE UPDATE REQUEST

Fax to (866) 647-7821 Phone (866) 709-1100 X 121

| To:  | Hans Mast    | From: | Heather Hallman |  |
|------|--------------|-------|-----------------|--|
| Fax: | 18153445280  | Date: | August 7, 2013  |  |
| Ref: | Case Updates | Pages | 1               |  |

Dear Hans Mast,

MedChex, LLC dbaGlobal Financial retains a Security Interest/Lien in any proceeds due to from the legal claim(s) below in which you represent him/her. We appreciate your efforts updating our files.

|         |                     | Please Circle The Current Status Of Each Client       | Medical Facility                   |
|---------|---------------------|-------------------------------------------------------|------------------------------------|
| CaselD  | Name                | Please Circle The Current Status S. Langur Penresent  | Open Advanced MRI of Round Lake,   |
| 265065  | Paul Dulberg        | Pending / Settled (Need Payoff) / No Longer Represent | LLC                                |
|         |                     | Pending / Settled (Need Payoff) / No Longer Represent | Premier Open MRI of McHenry County |
| m-31248 | Penny Parks         | Pending Settled (Need Payor) / No Longer Papersent    | Premier Open MRI of McHenry County |
| m-31660 | Christopher Billman | Pending   Settled (Need Payoff) / No Longer Represent |                                    |
|         |                     |                                                       |                                    |

| Next Time: | e en la constitución | " diele"   | undates |
|------------|----------------------|------------|---------|
| Email:     | (confidential        | "one-click | uhuarea |

Please complete this update and fax or email it back. If you would like to speak with me, please call (866) 709-1100 x120.

Sincerely,

Fax to (866) 647-7821

You may scan and email to hhallman@glofin.com

## Law Offices of Thomas J. Popovich, P.C.

3416 West Elm Street McHenry, IL 60050 Telephone: 815-344-3797

Facsimile: 815-344-5280

# **CHECK REQUEST**

PAYABLE TO:

McHenry County Circuit Clerk

FOR:

Filing Fee

CLIENT:

Dulberg, Paul

AMOUNT:

\$241.00

DATE:

May 9, 2012

REQUESTED BY:

Alarie

Thank You!!





# Medical Lien Finance 14 Mamaroneck Ave. 3rd Floor White Plains, NY 10601 www.medchex.org

\*Anesthesia

| *MRI     | *Epidurals                     | *Anesthesia                                                                        | *Orthopedic               | *Hospital          |
|----------|--------------------------------|------------------------------------------------------------------------------------|---------------------------|--------------------|
| To:      | Hans Mast, Esq.                | From:                                                                              | KeelarWalke               | er                 |
| Fax:     | 1(815)344-5280                 | Date:                                                                              | January 30, 20            | 12                 |
| Re:      | Paul Dulberg                   | Pages                                                                              | 2                         | ·                  |
| Dear F   | lans Mast,                     |                                                                                    |                           |                    |
| to app   | rove your client on a lien     | e to be admitted to for ar<br>basis please sign the att<br>I may be reached at (86 | ached Letter of Prote     |                    |
|          |                                | MRI CASE QUESTIC                                                                   | DNAIRE                    |                    |
| Case T   | ype? Auto / Work Comp          | Other                                                                              | Liability Esta            | blished? Yes / No  |
| Inciden  | t Date 6-28-11                 | _Property Damage \$                                                                | Driver or                 | Passenger (circle) |
|          |                                | / Moderate / Heavy                                                                 |                           |                    |
|          |                                | nad (circle): Ambulance                                                            |                           | -                  |
| Defend   | ant's Insurance Limits \$      | Plair                                                                              | ntiff's UIM Policy Limits | \$                 |
| Your p   | revious experience with the    | Defendants Insurance Co.                                                           | Good Moderate             | / Poor / Terrible  |
| Will the | e settlement check come to     | your office? (Yes)/ No                                                             | Est. time until settlem   | ent?               |
| Did clie | ent have similar Prior Injurie | s that you are aware of?                                                           | Yes (No                   |                    |
| Your c   | omments? Chain                 | saw accid                                                                          | ent. Det                  | cut The            |
|          | Chew out                       | his home.                                                                          |                           |                    |
| Compl    | efed by:                       | ns Mad                                                                             | Phone/Email: ${\cal E}$   | 15 3443            |
|          | Retur                          | n via Confidential Fa                                                              | x (888) 317-0260          |                    |
|          |                                |                                                                                    |                           |                    |
|          | Box 828, Katonah, N            | ′ 10536 Phone (8                                                                   | 66) 709-1100 Fax (88      | 38) 317-0260       |

Law Offices of Thomas J. Popovich, P.C. 3416 W. Elm St. McHenry, IL 60050

# CHECK REQUEST

| To:   | Copy-Rite               |
|-------|-------------------------|
| For:  | Medical Records & Bills |
| File: | Dulberg, Paul (HAM) If  |
| Amt:  | \$62.10                 |
| Date  | December 12, 2011       |
| By:   | Alarie                  |

| 33.44           |                                         | 2001330.00   | 200       |
|-----------------|-----------------------------------------|--------------|-----------|
| Charles Charles | Arrest Land                             | Mar The Back | 200       |
|                 |                                         | W 344 J 1    |           |
| Co              |                                         | A 600 150 16 | 1,0000    |
|                 | A 40 A 60 A 60 A 60 A 60 A 60 A 60 A 60 | St 100 M 10  | 11, 97, 1 |

Patient Name:

#### Medical Correspondence Services Inc.

|      |        | 100   |        | 377    | 2, 77    | 20    | 200    | 3.5    | 2.1   |          |             |          | av.   | 100  | 100     | March 1   | 100   |          |             |               | 12.   | 1016  | CB. 47  |         | - V      | ALC: U    | 634 April 1 | an least | 11/20 | 1.0     | 300 10 | 25       | 1.0         | A 14    | 14.    | 7 |
|------|--------|-------|--------|--------|----------|-------|--------|--------|-------|----------|-------------|----------|-------|------|---------|-----------|-------|----------|-------------|---------------|-------|-------|---------|---------|----------|-----------|-------------|----------|-------|---------|--------|----------|-------------|---------|--------|---|
| i si | ra təs | 2.1   | . 73   | 4 3c   | 9.500.50 | 35 53 | A 77   | 1.30   |       | deletion | ALL AL      | CHAN     | 1000  | 40.0 | 0.0     | 10244     |       | ALC: NO  | A /223 at   | z. $w$        | 42    | 2     | 200     |         | 100, 320 | 20        | 100         | 3 22     | 100   |         |        |          | المنتقذ تاء | 4 4     | A 25   | ĺ |
| 41   |        | 1333  | * 15   | 13 13  | 111      | 75 X  | 171.0  | 100    | 200   | Tre all  | 200         | ***      | D m   | C 20 |         | A 1991. A | Z 160 | 200      | 20.0        | S             | 200   | 110   | ыч      | - T 4 P |          | 11 5 11 1 | E HA        | 21.12    | Gebra | 9 1 2 1 | GD.    | CTUD     | ues         | 1.00    |        | į |
|      | - V    | 9.1   | 3.5    | 44.75  | 43.4     | UU    | LL G   | 1.2    | 7.71  | 431.71   | 7 17 1      |          | 7. L  | 12.5 | ( ) Y   | 10.0      | 3     | 7 3      | 1           | tu.           | 16.11 | d lks | 70 X    | Maria.  | 25 174   |           | i di di     | As That  | 24. N | 9.10    | 70 T   | 133      | 37 B W      | T 07    | 7.77   | ŕ |
|      |        |       |        |        |          |       |        |        |       |          |             |          |       |      |         |           |       |          |             |               |       |       |         |         |          |           |             |          |       |         |        |          | 1           |         | 14.5   | ۰ |
| 26   | 6      |       | r p    | 17.5   | 137.2    | 1.0   | Sac St | OF THE | 31123 | 35-101   | 100         | <b>*</b> | A 16  | 100  |         | 23        |       | WELL AND | Call Street | 0.1           |       | 5 W   |         |         |          | 1660      | 100         |          | 2 V V | OC TO   | - 4    |          | 199 J (140  | 1.0     | d= 107 |   |
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Centegra Hospital - McHenry Centegra Hospital - Woodstock Primary Care Clinic Dulbera

Records are enclosed and prompt payment is appreciated. Our Tax ID is 89:1792131 Please mail payment and a copy of this invoice to

## Copy-Rite Inc. P (0) Bloce 535 Rockton, IL 61072

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Thank you for your prompt attention to this miveice.

# For assistance please contact our associate Stacy at 815-601-8282

| For Office Use                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                       |
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Anton J. Fakhouri, MD, FACS, FICS
Gary A. Kronen, MD
Paul E. Papierski, MD
Taruna Madhav Crawford, MD
Marcus G, Talerico, MD
Gregory E. Crovetti, MD
Jeremy T. Bell, PA-C
Thomas M. Hunt, OPA-C, MBA

August 11, 2012

The Law Offices of Thomas J. Popovich P.C. 3416 W. Elm Street
McHenry, Illinois 60050

Dear Mr. Thomas J. Popovich

We have enclosed the Medical Records per your request for the following patient:

Name:

**Paul Dulberg** 

Date of Birth:

03/19/1970

We received your check # AA8523895 for \$20.00 and thank you for your prompt payment. If you have any question or concerns I ask that you please contact me.

Regards,

MidAmerica Orthopaedics

Samantha McDermott, CMA
1419 Peterson Road
Libertyville, IL 60048
(Located in Butterfield Square Mall)
Tel: 847.247.0547 Fax: 847.247.0540

McHenry Radiologists Imaging Associates

Dulberg 005819



## **CASE UPDATE REQUEST**

Fax to (866) 585-9097 Phone (866) 709-1100 X 102

| То:  | Hans Mast    | From: | Amanda Chambers  |  |
|------|--------------|-------|------------------|--|
| Fax: | 18153445280  | Date: | February 9, 2015 |  |
| Ref: | Case Updates | Pages | 1                |  |

Dear Hans Mast,

MedChex, LLC dba Global Financial retains a Security Interest/Lien in any proceeds due to from the legal claim(s) below in which you represent him/her. We appreciate your efforts updating our files, please check the correct status and return to me.

| CaseID | Name         | Medical Facility                        | Pending | Settled<br>(Need<br>Payoff) | Client<br>Discharged<br>Attorney | Attorney<br>Discharged<br>Client | Case<br>Lost |
|--------|--------------|-----------------------------------------|---------|-----------------------------|----------------------------------|----------------------------------|--------------|
| 265065 | Paul Dulberg | Open Advanced MRI of Round Lake,<br>LLC | X       |                             |                                  |                                  |              |

Next Time:

| Email:(co | onfidential ' | 'one-click" | updates |
|-----------|---------------|-------------|---------|
|-----------|---------------|-------------|---------|

Please complete this update and fax or email it back. If you would like to speak with me, please call (866) 709-1100 x102.

Sincerely,

Fax to (866) 585-9097

# You may scan and email to achambers@medchex.org

Amanda Chambers Case Update Manager Attorney Financing Now Available For Attorney Financing Call (877) 584-9044 Details

Result

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#### **CASE UPDATE REQUEST**

Fax to (866) 585-9097 Phone (866) 709-1100 X 102

| Го: Hans Mas        | :<br><b>t</b> |   | From: | Amanda Cha    | mbers | il de lie<br>Television |
|---------------------|---------------|---|-------|---------------|-------|-------------------------|
| <b>ax:</b> 18153445 | 280           |   | Date: | February 9, 2 | 2015  |                         |
| Ref: Case Upd       | ates          | • | Pages |               | 1     |                         |

Dear Hans Mast,

MedChex, LLC dba Global Financial retains a Security Interest/Lien in any proceeds due to from the legal claim(s) below in which you represent him/her. We appreciate your efforts updating our files, please check the correct status and return to me.

| .   |        |              | T    |                             |         | Settled | Client     | Attorney   |      |
|-----|--------|--------------|------|-----------------------------|---------|---------|------------|------------|------|
| :   |        |              |      |                             |         | (Need   | Discharged | Discharged | Case |
|     | CaseID | Name         |      | Medical Facility            | Pending | Payoff) | Attorney   | Client     | Lost |
|     | 265065 | Paul Dulberg | Open | Advanced MRI of Round Lake, | V       |         |            |            |      |
| - ] |        |              | ILC  |                             |         |         |            |            |      |

Next Time:

Email: \_\_\_\_\_\_(confidential "one-click" updates)

Please complete this update and fax or email it back. If you would like to speak with me, please call (866) 709-1100 x102.

Sincerely,

Fax to (866) 585-9097

## You may scan and email to achambers@medchex.org

Amanda Chambers
Case Update Manager

Attorney Financing Now Available
For Attorney Financing Call (877) 584-9044

#### CONTRACT FOR LEGAL SERVICES

| persons or entities re                                       | orney") to represent me                                                                    | W OFFICES OF THOMAS J. Po<br>in the prosecution or settlement of the<br>ne to suffer injuries and damages on t                                                                                                                                                         | ny claim against                                                                     |
|--------------------------------------------------------------|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| My at in my claim. The apconsent.                            | ttorney agrees to make reproval of any settlemen                                           | no charge for legal services unless a nat amount cannot be made without my                                                                                                                                                                                             | recovery is made<br>knowledge and                                                    |
| % in the even including, but not lin video fees, records for | of my recovery from nent my claim results in ney may need to incur nited to, expenses such | n consideration for his legal service my claim by suit or settlement; this was more than one (1) trial and/or an appreasonable expenses in properly has as accident reports, filing fees, count I understand those expenses will be all fee.  LAW OFFICES OF THOMAS J. | vill increase to peal of a trial. I ndling my claim treporters fees, taken out of my |
| Date:                                                        | -                                                                                          | Date:                                                                                                                                                                                                                                                                  | and the second second                                                                |
| LAW OFFICES OF                                               | F THOMAS J. POPOV                                                                          | VICH, P.C.                                                                                                                                                                                                                                                             |                                                                                      |

LAW OFFICES OF THOMAS J. POPOVICH, 3416 West Elm Street
McHenry, Illinois 60050
815/344-3797

Dulberg 005822



Sed

#### **CASE UPDATE REQUEST**

Fax to (866) 585-9097 Phone (866) 709-1100 X 102

| To: Hans Mast |              | From: | Amanda Chambers  |  |
|---------------|--------------|-------|------------------|--|
| Fax:          | 18153445280  | Date: | November 7, 2014 |  |
| Ref:          | Case Updates | Pages | 1                |  |

Dear Hans Mast,

MedChex, LLC dba Global Financial retains a Security Interest/Lien in any proceeds due to from the legal claim(s) below in which you represent him/her. We appreciate your efforts updating our files, please check the correct status and return to me.

| CaseID  | Name         | Medical Facility                        | Pending | Settled<br>(Need<br>Payoff) | Client<br>Discharged<br>Attorney | Attorney<br>Discharged<br>Client | Case<br>Lost |
|---------|--------------|-----------------------------------------|---------|-----------------------------|----------------------------------|----------------------------------|--------------|
| 265065  | Paul Duiberg | Open Advanced MRI of Round Lake,<br>LLC |         | <u>-</u>                    |                                  |                                  |              |
| m-31248 | Penny Parks  | Premier Open MRI of McHenry County      |         |                             |                                  |                                  | $\times$     |

**Next Time:** 

| Email: | _(confidential | "one-click" | updates) |
|--------|----------------|-------------|----------|
|--------|----------------|-------------|----------|

Please complete this update and fax or email it back. If you would like to speak with me, please call (866) 709-1100 x102.

Sincerely,

Fax to (866) 585-9097

#### You may scan and email to achambers@medchex.org

Amanda Chambers Case Update Manager Attorney Financing Now Available For Attorney Financing Call (877) 584-9044 Details

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#### **CASE UPDATE REQUEST**

Fax to (866) 585-9097 Phone (866) 709-1100 X 102

| To: Hans Mast |              | From: | Amanda Chambers  |  |
|---------------|--------------|-------|------------------|--|
| Fax:          | 18153445280  | Date: | November 7, 2014 |  |
| Ref:          | Case Updates | Pages | 1                |  |

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| CaseID  | Name         | Medical Facility                        | Pending | Settled<br>(Need<br>Payoff) | Client<br>Discharged<br>Attorney | Attorney<br>Discharged<br>Client | Case<br>Lost |
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| 265065  | Paul Dulberg | Open Advanced MRI of Round Lake,<br>U.C | X       |                             |                                  |                                  |              |
| m-31248 | Penny Parks  | Premier Open MRI of McHenry County      |         |                             |                                  |                                  | $\times$     |

(confidential "one-click" updates) Email:

Please complete this update and fax or email it back. If you would like to speak with me, please call (866) 709-1100 x102.

Sincerely,

Next Time:

Fax to (866) 585-9097

#### You may scan and email to achambers@medchex.org

Amanda Chambers Case Update Manager

Attorney Financing Now Available For Attorney Financing Call (877) 584-9044



#### CASE UPDATE REQUEST

Fax to (866) 647-7821 Phone (866) 709-1100 X 121

| То:  | Hans Mast    | From: | Heather Hailman |  |
|------|--------------|-------|-----------------|--|
| Fax: | 18153445280  | Date: | May 9, 2014     |  |
| Ref: | Case Updates | Pages | 1               |  |

Dear Hans Mast,

MedChex, LLC dba Global Financial retains a Security Interest/Lien in any proceeds due to from the legal claim(s) below in which you represent him/her. We appreciate your efforts updating our files, please check the correct status and return to me.

| CaselD  | Name                | Medical Facility                        | Pending | Settled<br>(Need<br>Payoff) | Client<br>Discharged<br>Attorney | Attorney<br>Discharged<br>Client | Case<br>Lost |
|---------|---------------------|-----------------------------------------|---------|-----------------------------|----------------------------------|----------------------------------|--------------|
| 265065  | Paul Duiberg        | Open Advanced MRI of Round Lake,<br>LLC | X       |                             |                                  |                                  |              |
| m-31248 | Penny Parks         | Premier Open MRI of McHenry County      | ,×      |                             |                                  |                                  |              |
| m-31660 | Christopher Billman | Premier Open MRI of McHenry County      | ×       |                             |                                  |                                  |              |
| m-32524 | Vanessa Criswell    | Lake Zurich Open MRI                    |         | •                           |                                  | -                                | X            |
| m-32524 | Vanessa Criswell    | Lake Zurich Open MRI                    |         |                             |                                  |                                  | $\times$     |

**Next Time:** 

Email: \_\_\_\_\_\_ hans menste Comcast. next (confidential "one-click" updates)

Please complete this update and fax or email it back. If you would like to speak with me, please call (866) 709-1100 x121.

Sincerely,

Fax to (866) 647-7821

You may scan and email to hhallman@medchex.org

Heather Hallman Case Update Manager Attorney Financing Now Available For Attorney Financing Call (877) 584-9044 Details

Result

Page Note

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#### **CASE UPDATE REQUEST**

Fax to (866) 647-7821 Phone (866) 709-1100 X 121

| To:  | Hans Mast    | From: | : Heather Hallman |  |
|------|--------------|-------|-------------------|--|
| Fax: | 18153445280  | Date: | May 9, 2014       |  |
| Ref: | Case Updates | Pages | 1                 |  |

Dear Hans Mast,

MedChex, LLC dba Global Financial retains a Security Interest/Lien in any proceeds due to from the legal claim(s) below in which you represent him/her. We appreciate your efforts updating our files, please check the correct status and return to me.

| CaseiD  | Name                | Medical Facility                        | Pending | Settled<br>(Need<br>Payoff) | Client<br>Discharged<br>Attorney | Attorney<br>Discharged<br>Client | Case<br>Lost |
|---------|---------------------|-----------------------------------------|---------|-----------------------------|----------------------------------|----------------------------------|--------------|
| 265065  | Paul Dulberg        | Open Advanced MRI of Round Lake,<br>LLC | X       |                             |                                  |                                  |              |
| m-31248 | Penny Parks         | Premier Open MRI of McHenry County      | ×       |                             |                                  |                                  |              |
| m-31660 | Christopher Billman | Premier Open MRI of McHenry County      | ×       |                             |                                  |                                  |              |
| m-32524 | Vanessa Criswell    | Lake Zurich Open MRI                    |         | •                           |                                  |                                  | X            |
| m-32524 | Vanessa Criswell    | Lake Zurich Open MRi                    |         |                             |                                  |                                  | X            |

Next Time: Email:

hans marte Comcast net (confidential "one-click" updates)

Please complete this update and fax or email it back. If you would like to speak with me, please call [866] 709-1100 x121.

Sincerely,

Fax to (866) 647-7821

You may scan and email to hhallman@medchex.org



#### **CASE UPDATE REQUEST**

Fax to (866) 647-7821 Phone (866) 709-1100 X 121

| To: Hans Mast From: |              | From: | Heather Hallman   |  |
|---------------------|--------------|-------|-------------------|--|
| Fax:                | 18153445280  | Date: | February 18, 2014 |  |
| Ref:                | Case Updates | Pages | 1                 |  |

Dear Hans Mast,

MedChex, LLC dba Global Financial retains a Security Interest/Lien in any proceeds due to from the legal claim(s) below in which you represent him/her. We appreciate your efforts updating our files, please check the correct status and return to me.

| CaseID  | Name                | Medical Facility                        | Pending  | Settled<br>(Need<br>Payoff) | Client Discharged Attorney | Attorney<br>Discharged<br>Client | Case<br>Lost |
|---------|---------------------|-----------------------------------------|----------|-----------------------------|----------------------------|----------------------------------|--------------|
| 265065  | Paul Dulberg        | Open Advanced MRI of Round Lake,<br>LLC | X        |                             |                            |                                  |              |
| m-31248 | Penny Parks         | Premier Open MRI of McHenry County      | $\times$ |                             |                            |                                  |              |
| m-31660 | Christopher Billman | Premier Open MRI of McHenry County      | ×        |                             |                            |                                  |              |
| m-32524 | Vanessa Criswell    | Lake Zurich Open MRI                    | ×        |                             | ·                          | ·                                |              |
| m-32524 | Vanessa Criswell    | Lake Zurich Open MRI                    | X        |                             |                            |                                  |              |

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|        |                                  |

Please complete this update and fax or email it back. If you would like to speak with me, please call (866) 709-1100 x121.

Sincerely,

Fax to (866) 647-7821

You may scan and email to hhallman@medchex.org

Heather Hallman Case Update Manager Attorney Financing Now Available For Attorney Financing Call (877) 584-9044 Details

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#### **CASE UPDATE REQUEST**

Fax to (866) 647-7821 Phone (866) 709-1100 X 121

| To: Hans Mast     |             | From: | Heather Haliman   |  |
|-------------------|-------------|-------|-------------------|--|
| Fax:              | 18153445280 | Date: | February 18, 2014 |  |
| Ref: Case Updates |             | Pages | · <b>1</b>        |  |

Dear Hans Mast,

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| CaseID  | Name                | Medical Facility                        | Pending             | Settled<br>(Need<br>Payoff) | Client<br>Discharged<br>Attorney | Attorney<br>Discharged<br>Client | Case<br>Lost |
|---------|---------------------|-----------------------------------------|---------------------|-----------------------------|----------------------------------|----------------------------------|--------------|
| 265065  | Paul Dulberg        | Open Advanced MRI of Round Lake,<br>LLC | ×                   |                             |                                  |                                  |              |
| m-31248 | Penny Parks         | Premier Open MRI of McHenry County      | ×                   |                             |                                  |                                  |              |
| m-31660 | Christopher Billman | Premier Open MRI of McHenry County      | ×                   |                             |                                  |                                  |              |
| m-32524 | Vanessa Crisweil    | Lake Zurich Open MRI                    | $\overline{\times}$ |                             |                                  |                                  |              |
| m-32524 | Vanessa Criswell    | Lake Zurich Open MRI                    | X                   |                             |                                  |                                  |              |

Next Time:

Email: \_(confidential "one-click" updates)

Please complete this update and fax or email it back. If you would like to speak with me, please call (866) 709-1100 x121.

Sincerely,

Fax to (866) 647-7821

You may scan and email to hhallman@medchex.org





Fax to (704) 765-5704 Phone (866) 709-1100 X 121

| jo:  | Hans Mast    | From: | Heather Hallman   |   |
|------|--------------|-------|-------------------|---|
| Fax: | 18153445280  | Date: | November 11, 2013 |   |
| Ref: | Case Updates | Pages | 1                 | • |

Dear Hans Mast,

MedChex, LLC dbaGlobal Financial retains a Security Interest/Lien in any proceeds due to from the legal claim(s) below in which you represent him/her. We appreciate your efforts updating our files.

| Paul Dulberg        | Pending   Settled (Need Payoff) / No Longer Represent | Open Advanced MRI of Round Lake,<br>LLC                                                                                                                                                                           |
|---------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Penny Parks         | Pending Settled (Need Payoff) / No Longer Represent   | Premier Open MRI of McHenry County                                                                                                                                                                                |
| Christopher Billman | Pending Settled (Need Payoff) / No Longer Represent   | Premier Open MRI of McHenry County                                                                                                                                                                                |
| Vanessa Criswell    | rending Settled (Need Payoff) / No Longer Represent   | Lake Zurich Open MRI                                                                                                                                                                                              |
| Vanessa Criswell    | Pending / Settled (Need Payoff) / No Longer Represent | Lake Zurich Open MRI                                                                                                                                                                                              |
|                     | Christopher Billman<br>Vanessa Criswell               | Penny Parks  Christopher Billman  Pending Settled (Need Payoff) / No Longer Represent  Pending Settled (Need Payoff) / No Longer Represent  Vanessa Criswell  Pending Settled (Need Payoff) / No Longer Represent |

|        | <u> </u> |               |             |          |
|--------|----------|---------------|-------------|----------|
| Email: |          | (confidential | "one-click" | updates) |

Please complete this update and fax or email it back. If you would like to speak with me, please call (866) 709-1100 x120.

Sincerely,

Fax to (704) 765-5704

### You may scan and email to hhallman@glofin.com

Heather Hallman Case Update Manager Attorney Financing Now Available For Attorney Financing Call (877) 584-9044

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TTI Number:1-815-344-5280

#### **CASE UPDATE REQUEST**

Fax to (704) 765-5704 Phone (866) 709-1100 X 121

| To:              | · Hans Mast  | From: | Heather Hailman   |     |  |
|------------------|--------------|-------|-------------------|-----|--|
| Fax: 18153445280 |              | Date: | November 11, 2013 | 013 |  |
| Ref:             | Case Updates | Pages | 1                 |     |  |

Dear Hans Mast,

MedChex, LLC dbaGlobal Financial retains a Security Interest/Lien in any proceeds due to from the legal claim(s) below in which you represent him/her. We appreciate your efforts updating our files.

| CaseID  | ID Name Please Circle The Current Status Of Each Client |                                                       | Medical Facility                     |
|---------|---------------------------------------------------------|-------------------------------------------------------|--------------------------------------|
| 265065  | Paul Duiberg                                            | Pending   Settled (Need Payoff) / No Longer Represent | Open Advanced MRI of Round Lake, LLC |
| m-31248 | Penny Parks                                             | Pending / Settled (Need Payoff) / No Longer Represent | Premier Open MRI of McHenry County   |
| m-31660 | Christopher Billman                                     | Pending / Settled (Need Payoff) / No Longer Represent | Premier Open MRI of McHenry County   |
| m-32524 | Vanessa Criswell                                        | ending Settled (Need Payoff) / No Longer Represent    | Lake Zurich Open MRI                 |
| m-32524 | Vanessa Criswell                                        | Pending / Settled (Need Payoff) / No Longer Represent | Lake Zurich Open MRI                 |
|         |                                                         |                                                       |                                      |

Next Time:

[confidential "one-click" updates]

Please complete this update and fax or email it back. If you would like to speak with me, please call (866) 709-1100 x120.

Sincerely, Fax to (704) 765-5704

LAW OFFICE T POPOVICH Fax 1-815-344 2280

Dec 7 2011 12:50pm P00B/006

Auachment By DOGG

#### LETTER OF PROTECTION (SAMPLE)

Patient/Client:

Patient Account Number:

I hereby authorize FACILITY to furnish Attorney at Law, with my complete medical records, including examination treatment diagnosis and prognosis in regard to the accident in which I was involved. I understand that such authorization should be accompanied by an executed Authorization for Disclosure of Protected Health Information in the form attached hereto prior to FACILITY's release of such records.

I give irrevocable authorization to my attorney to pay directly to FACILITY all such sums due for the rapy rendered to me as a result of the accident. I further grant a lien on and/or assign any settlement or judgment in which I receive from any claim(s) filed as a result of the accident in an amount equal to the lasser of the charges for the therapy services randered, or the maximum amount permitted by law. I further agree to execute such further documents as necessary for FACILITY to preserve its right to enforce said lien and/or assignment.

I fully understand that I am directly and fully responsible to FACILITY for services rendered to me. This agreement is made solely for the purpose of affording FACILITY additional protection. I understand that payment of this obligation in full is not contingent on any settlement, judgment or verdict by which I may eventually recover such fees.

In addition, I understand and agree that payment in full on my account should be made within \_\_\_\_ months of this date unless other financial arrangements have been made. I understand that my account shall be forwarded to FACILITY's collection agency in the event I do not limely pay the account or make other financial arrangements. I further understand that the obligations recited herein (including the obligation to pay for services rendered) shall continue in full force and effect, and shall be binding upon me, my heirs, administrators, executors, successors, and assigns, until and unless all fees for services rendered have been paid in full.

Date

Signature

The undersigned attorney of record for the patient, does agree to observe all terms of this letter of Protection, and agrees to withhold such sums from any settlement, judgment or verdict as may be necessary to protect FACILITY.

@ 2003 U.S. Physical Therapy, Inc.



www.mchenry.minutemanpress.com e-mail:minutemanmchenry@comcast.net

Invoice Number: 76962 Invoice Date: 4/11/2012 Invoice

Bill To: Thomas Popovich, P.C. 2008

3416 W. Elm Street McHenry IL 60050

Phone: 815-344-3797 Fax: 815-344-5280

Ship To:

Thomas Popovich, P.C. 2008

3416 W. Elm Street McHenry IL 60050

Phone: 815-344-3797 Fax: 815-344-5280

New New New New New

Our Email Address is now minutemanmchenry@comcast.net

#### PLEASE NOTE

| Description                   |               | Price  |
|-------------------------------|---------------|--------|
| 6 Color -Dulberg (Job 118574) |               | \$7.34 |
|                               | Invoice Total | \$7.34 |
|                               | Balance Due   | \$7.34 |

Salesperson: Tom Terms: Net 30 days Thank you, Authorized Signature:

39¢ DIGITAL COLOR COPIES - OUR EVERYDAY LOW PRICE





CASE UPDATE REQUEST

Fax to (704) 831-5411 Phone (866) 709-1100 X 121

| 7   |                 |       |                 | _ |
|-----|-----------------|-------|-----------------|---|
| 0:1 | Hans Mast, Esq. | From: | Heather Hailman |   |
| iX: | 18153445280     | Date: | May 23, 2012    |   |
| er: | Case Updates    | Pages | 1               |   |

Dear Hans Mast,

Global Financial retains a Security Interest/Lien in any proceeds due to from the legal claim(s) below in which you represent him/her. We appreciate your efforts updating our files.

| CaseID | Name         | Please Excle The Current Status Of Each Client        | Medical Facility                        |
|--------|--------------|-------------------------------------------------------|-----------------------------------------|
| 265065 | Paul Dulberg | Pending   Settled (Need Payoff) / No Longer Represent | Open Advanced MRI of Round Lake,<br>LLC |
|        | -            |                                                       |                                         |

Next Time:

hans Mast @ Comcast refconfidential "one-click" updates) Email:

Please complete this update and fax or email it back. If you would like to speak with me, please call (866) 709-1100 x121.

Sincerely,

Fax to (704) 831-5411

Heather Hallman Case Update Manager Attorney Financing Now Available For Attorney Financing Call (877) 584-9044

[bkAttyID]

# **Dulberg 005837**

Repor Conf Transmit

Fax 1-815-344-5280 OFFICE T POPOVICH

Start Mode Fax/Phone Number

Note

Result

0 \*

2012 09:18am

Page 0'29" Time 23:09:18am Normal

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#### **CASE UPDATE REQUEST**

Fax to (704) 831-5411 Phone (866) 709-1100 X 121

| To: Hans Mast, Esq. |              | - / 4     | From: | • | Heather | Hallman |     |
|---------------------|--------------|-----------|-------|---|---------|---------|-----|
| Fax:                | 18153445280  | · <u></u> | Date: |   | May 23, | 2012    |     |
| Ref:                | Case Updates |           | Pages |   | •       | 1 .     | - • |

Dear Hains Mast,

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| CaseID | Name         | Please Gade The Current Status Of Each Client       | Medical Facility                        |  |
|--------|--------------|-----------------------------------------------------|-----------------------------------------|--|
| 265065 | Paul Duiberg | Pending Settled (Need Payoff) / No Longer Represent | Open Advanced MRI of Round Lake,<br>LLC |  |
|        |              |                                                     |                                         |  |

Next Time:

hans Mast @ Comcast re (confidential "one-click" updates)

Please complete this update and fax or email it back. If you would like to speak with me, please call [866) 709-1100 x121.

Sincerely,

Fax to (704) 831-5411

Heather Hailman Case Update Manager Attorney Financing Now Available For Attorney Financing Call (877) 584-9044

{bkAttyID}

## MEDICAL EXPENSE REPORT PAUL DULBERG

DATE OF ACCIDENT: JUNE 28, 2011

DATE OF REPORT: MARCH 19, 2012

#### Paul Dulberg

Date of Accident: June 28, 2011 Date of Report: March 19, 2012

| Northern Illinois Medical Center<br>4201 Medical Center Drive |
|---------------------------------------------------------------|
| McHenry, IL 60050-8409                                        |
| 815-344-5000 - Acct. 11179-00323                              |
| 06/28/11 \$1,323.75 \$1,323.75                                |
| Moraine Emergency Physicians                                  |
| PO Box 8759                                                   |
| Philadelphia, PA 19101-8759                                   |
| 800-355-2470 - Acct. MNI711179003233                          |
| 06/28/11 \$1,346.00 \$1,346.00                                |
| McHenry Radiologists Imaging Associates                       |
| PO Box 220                                                    |
| McHenry, IL 60051-0220                                        |
| 815-759-0800 - Acct. 235130-QMRIG                             |
| 06/28/11 \$50.00 \$50.00                                      |
| Associated Neurology SC                                       |
| Attn: Dr. Levin                                               |
| 1900 Hollister Drive                                          |
| Suite 250                                                     |
| Libertyville, IL 60048                                        |
| 847-549-0055 - Chart # 18062                                  |
| 07/28/11                                                      |
| 08/10/11                                                      |
| Total\$1,155.00                                               |
| Open Advanced MRI of Round Lake                               |
| Medchex                                                       |
| PO Box 502                                                    |
| Katohah, NY 10536                                             |
| 866-959-1100 - Acct. 265065                                   |
| 02/03/12                                                      |
| Walgreens                                                     |
| 3925 W. Elm Street                                            |

| McHenry, IL 60050<br>815-363-0722<br>06/28/11 |
|-----------------------------------------------|
| TOTAL EXPENSES:                               |
| Misc Expenses  Medical Supplies               |
| TOTAL ALL EXPENSES                            |

#### Paul Dulberg

Date of Accident: June 28, 2011 Date of Report: March 19, 2012

| Northern Illinois Medical Center 4201 Medical Center Drive McHenry, IL 60050-8409 815-344-5000 - Acct. 11179-00323                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 06/28/11 \$1,323.75 \$1,323.75                                                                                                                               |
| Moraine Emergency Physicians<br>PO Box 8759                                                                                                                  |
| Philadelphia, PA 19101-8759                                                                                                                                  |
| 800-355-2470 - Acct. MNI711179003233                                                                                                                         |
| 06/28/11 \$1,346.00 \$1,346.00                                                                                                                               |
| McHenry Radiologists Imaging Associates PO Box 220                                                                                                           |
| McHenry, IL 60051-0220                                                                                                                                       |
| 815-759-0800 - Acct. 235130-QMRIG                                                                                                                            |
| 06/28/11 \$50.00 \$50.00                                                                                                                                     |
| Associated Neurology SC Attn: Dr. Levin 1900 Hollister Drive Suite 250 Libertyville, IL 60048 847-549-0055 - Chart # 18062 07/28/11 \$225.00 08/10/11 930.00 |
|                                                                                                                                                              |
| Total                                                                                                                                                        |
| Walgraens                                                                                                                                                    |
| Walgreens 3925 W. Elm Street                                                                                                                                 |
| 5725 W. Earli Succi                                                                                                                                          |

| McHenry, IL 60050 815-363-0722 06/28/11 |
|-----------------------------------------|
| TOTAL EXPENSES:                         |
| Misc Expenses  Medical Supplies         |
| TOTAL ALL EXPENSES                      |

### MEDICAL EXPENSE REPORT

PAUL DULBERG

DATE OF ACCIDENT: JUNE 28, 2011

DATE OF REPORT: MAY 20, 2013

#### Paul Dulberg

Date of Accident: June 28, 2011

Date of Report: May 20, 2013

| Moraine Emergency Physicians PO Box 8759 Philadelphia, PA 19101-8759 800-355-2470 - Acct. MNI711179003233 06/28/11                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Northern Illinois Medical Center 4201 Medical Center Drive McHenry, IL 60050-8409 815-344-5000 - Acct. 11179-00323 06/28/11                                                                           |
| McHenry Radiologists Imaging Associates PO Box 220 McHenry, 1L 60051-0220 815-759-0800 - Acct. 235130-QMRIG 06/28/11                                                                                  |
| Dr. Frank W. Sek 4606 W. Elm Street McHenry, IL 60050 815-385-0164  07/01/11 \$80.00  07/08/11 80.00  01/14/12 80.00  02/13/12 80.00  03/13/13 100.00  04/24/13 90.00  08/06/12 80.00  Total \$590.00 |
| Associated Neurology SC Attn: Dr. Levin 1900 Hollister Drive Suite 250 Libertyville, IL 60048                                                                                                         |

| 847-549-0055 - Chart # 18062  07/28/11                    |
|-----------------------------------------------------------|
| MidAmerica Hand to Shoulder Clinic                        |
| Dr. Talerico                                              |
| 75 Remittance Drive                                       |
| Suite 6035                                                |
| Chicago, IL 60675                                         |
| 708-237-7200 - Acct. 1002454                              |
| 12/02/11                                                  |
| Total                                                     |
|                                                           |
| Dynamic Hand Therapy & Rehab<br>498 S US Highway 12       |
| Suite C                                                   |
| Fox Lake, IL 60020                                        |
| 847-587-3301 - Acct. 0042000185                           |
| 12/06/11 thru 03/12/13 \$26,005.00                        |
| Open Advanced MRI of Round Lake                           |
| Medchex                                                   |
| PO Box 502                                                |
| Katohah, NY 10536                                         |
| 866-959-1100 - Acct. 265065                               |
| 02/03/12                                                  |
| Hand Surgery Associates, SC                               |
| Dr. Sagerman/Dr. Biafora                                  |
| 515 W. Algonquin Road                                     |
| Arlington Heights, IL 60005<br>847-956-0099 - Acct. 80330 |
| 04/02/12\$116.00                                          |
| 05/14/12                                                  |
| 05/17/12                                                  |
| 06/06/12                                                  |
| 07/09/12 8.338.00                                         |
| 10/22/12                                                  |

| 12/03/12                                                                                    |
|---------------------------------------------------------------------------------------------|
| Northwest Community Hospital 25709 Network Place Chicago, IL 60673                          |
| 847-618-4747 - Acct. 71265382<br>07/09/12                                                   |
| Northwest Suburban Anesthesiologist, Ltd<br>8163 Solutions Center<br>Chicago, IL 60677-8001 |
| 800-709-2715 - Acet. 71265382<br>07/09/12                                                   |
| Walgreens 3925 W. Elm Street McHenry, IL 60050 815-363-0722                                 |
| 06/28/11                                                                                    |
| Walmart Pharmacy 3801 Running Brook Farms Blvd. Johnsburg, IL 60051                         |
| 05/16/12       \$25.79         06/11/12       126.08         07/09/12       16.11           |
| 07/19/12                                                                                    |
| 11/16/12       126.78         12/28/12       126.54         02/09/13       126.68           |
| Total                                                                                       |
| TOTAL EXPENSES:                                                                             |
| Misc Expenses  Medical Supplies\$19.61  Total Misc. Expenses\$19.61                         |
| TOTAL ALL EXPENSES                                                                          |

### MEDICAL EXPENSE REPORT PAUL DULBERG

DATE OF ACCIDENT: JUNE 28, 2011

DATE OF REPORT: AUGUST 31, 2012

#### Paul Dulberg

Date of Accident: June 28, 2011

Date of Report: August 31, 2012

| Moraine Emergency Physicians PO Box 8759 Philadelphia, PA 19101-8759 800-355-2470 - Acct. MNI711179003233 06/28/11                                                                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Northern Illinois Medical Center<br>4201 Medical Center Drive<br>McHenry, IL 60050-8409                                                                                                                                                                       |
| 815-344-5000 - Acct. 11179-00323                                                                                                                                                                                                                              |
| 06/28/11 \$1,323.75 \$1,323.75                                                                                                                                                                                                                                |
| McHenry Radiologists Imaging Associates PO Box 220                                                                                                                                                                                                            |
| McHenry, IL 60051-0220                                                                                                                                                                                                                                        |
| 815-759-0800 - Acct. 235130-QMRIG                                                                                                                                                                                                                             |
| 06/28/11 \$50.00 \$50.00                                                                                                                                                                                                                                      |
| Associated Neurology SC Attn: Dr. Levin 1900 Hollister Drive Suite 250 Libertyville, IL 60048 847-549-0055 - Chart # 18062  07/28/11 \$225.00 08/10/11 930.00 01/30/12 105.00 02/13/12 75.00 03/13/12 1,415.00 05/04/12 33.17 05/16/12 75.00 Total \$2,858.17 |
| MidAmerica Hand to Shoulder Clinic                                                                                                                                                                                                                            |
| Dr. Talorico                                                                                                                                                                                                                                                  |
| 75 Remittance Drive                                                                                                                                                                                                                                           |
| 75 Neimitance Diffe                                                                                                                                                                                                                                           |

| Suite 6035                      |
|---------------------------------|
| Chicago, IL 60675               |
| 708-237-7200 - Acct. 1002454    |
| 12/02/11 \$230.00               |
| 01/06/12                        |
| Total                           |
| 10141 \$390.00                  |
| Dynamic Hand Therapy & Rehab    |
| 498 S US Highway 12             |
| Suite C                         |
| Fox Lake, IL 60020              |
| 847-587-3301 - Acct. 0042000185 |
| 12/06/11                        |
| 12/08/11                        |
| 12/12/11                        |
|                                 |
| 12/14/11                        |
| 12/15/11                        |
| 12/19/11                        |
| 12/20/11                        |
| 12/23/11                        |
| 12/27/11                        |
| 12/29/11                        |
| 01/03/12                        |
| 01/05/12                        |
| 01/09/12                        |
| 01/11/12                        |
| 01/16/12                        |
| 01/18/12                        |
| 01/23/12                        |
| 01/25/12                        |
| 01/30/12                        |
| 02/01/12                        |
| 02/06/12                        |
| 04/03/12                        |
| 04/05/12                        |
| 04/10/12                        |
| 04/12/12                        |
| 04/16/12                        |
| 04/18/12                        |
| 04/26/12                        |
| 04/27/12                        |
| 05/02/12                        |
| 05/04/12                        |
| 05/07/12                        |
| 05/10/12                        |

| 05/15/12                                                                                                                                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 05/17/12                                                                                                                                                                                                                              |
| 05/24/12                                                                                                                                                                                                                              |
| 05/25/12                                                                                                                                                                                                                              |
| 05/31/12                                                                                                                                                                                                                              |
| 06/04/12                                                                                                                                                                                                                              |
| 07/16/12                                                                                                                                                                                                                              |
| 07/19/12                                                                                                                                                                                                                              |
| 07/23/12                                                                                                                                                                                                                              |
| 07/26/12                                                                                                                                                                                                                              |
| 07/30/12                                                                                                                                                                                                                              |
| 08/02/12                                                                                                                                                                                                                              |
| 08/06/12                                                                                                                                                                                                                              |
| 08/09/12                                                                                                                                                                                                                              |
| Total                                                                                                                                                                                                                                 |
| Open Advanced MRI of Round Lake                                                                                                                                                                                                       |
| Medchex                                                                                                                                                                                                                               |
| PO Box 502                                                                                                                                                                                                                            |
| Katohah, NY 10536                                                                                                                                                                                                                     |
| 866-959-1100 - Acct. 265065                                                                                                                                                                                                           |
| 02/03/12                                                                                                                                                                                                                              |
| Hand Surgery Associates, SC Dr. Sagerman/Dr. Biafora 515 W. Algonquin Road Arlington Heights, IL 60005 847-956-0099 - Acct. 80330 04/02/12 \$116.00 05/14/12 90.00 05/17/12 116.00 06/06/12 171.00 07/09/12 8.338.00 Total \$8,831.00 |
| Northwest Community Hospital                                                                                                                                                                                                          |
| 25709 Network Place                                                                                                                                                                                                                   |
| Chicago, IL 60673                                                                                                                                                                                                                     |
| 847-618-4747 - Acct. 71265382                                                                                                                                                                                                         |
| 07/09/12                                                                                                                                                                                                                              |
| Northwest Suburban Anesthesiologist, Ltd<br>8163 Solutions Center                                                                                                                                                                     |
| Chicago, IL 60677-8001<br>800-709-2715 - Acet. 71265382                                                                                                                                                                               |

|        | 07/09/12                       | \$1,365.00                              | \$1,365.00  |
|--------|--------------------------------|-----------------------------------------|-------------|
| McHen  | V. Elm Street<br>1ry, IL 60050 |                                         |             |
| 815-36 | 06/28/11                       | \$48.68                                 | \$48.68     |
| TOTA   | L EXPENSES:                    |                                         | \$40,613.60 |
|        | Expenses                       |                                         |             |
|        | Medical Supplies               |                                         | \$19.61     |
| TOTA   | L ALL EXPENSES                 | • • • • • • • • • • • • • • • • • • • • | \$40,633.21 |

### MEDICAL EXPENSE REPORT PAUL DULBERG

DATE OF ACCIDENT: JUNE 28, 2011

DATE OF REPORT: NOVEMBER 20, 2013

#### Paul Dulberg

Date of Accident: June 28, 2011

Date of Report: November 20, 2013

| Moraine Emergency Physicians            |              |
|-----------------------------------------|--------------|
| PO Box 8759                             |              |
| Philadelphia, PA 19101-8759             | 100          |
| 800-355-2470 - Acct. MNI711179003233    | 61.646.66    |
| 06/28/11                                | \$1,346.00   |
| Northern Illinois Medical Center        |              |
| 4201 Medical Center Drive               |              |
| McHenry, IL 60050-8409                  |              |
| 815_344_5000 _ Acct 11179_00323         |              |
| 06/28/11 \$1,323.75                     | \$1,323.75   |
|                                         |              |
| McHenry Radiologists Imaging Associates |              |
| PO Box 220                              |              |
| McHenry, IL 60051-0220                  |              |
| 815-759-0800 - Acct. 235130-QMRIG       |              |
| 06/28/11                                | \$50.00      |
|                                         |              |
| Dr. Frank W. Sek                        | 4, 1         |
| 4606 W. Elm Street                      |              |
| McHenry, IL 60050<br>815-385-0164       |              |
| 07/01/11                                |              |
| 07/08/11                                |              |
| 01/14/12 80.00                          |              |
| 02/13/12                                |              |
| 03/13/13                                |              |
| 04/24/13                                |              |
| 08/06/12                                |              |
| Total                                   | \$590.00     |
|                                         |              |
| Associated Neurology SC                 |              |
| Attn: Dr. Levin                         |              |
| 1900 Hollister Drive                    | 141 .<br>41. |
| Suite 250                               |              |
| Libertyville, IL 60048                  |              |

| 847-549-0055 - Chart # 18062       |                    |                                              |             |
|------------------------------------|--------------------|----------------------------------------------|-------------|
| 07/28/11                           | \$225.00           |                                              | + 1         |
| 08/10/11                           |                    |                                              |             |
| 01/30/12                           |                    |                                              |             |
| 02/13/12                           |                    |                                              |             |
| 03/13/12                           |                    |                                              |             |
| 05/16/12                           | 75.00              |                                              |             |
| 02/04/13                           |                    |                                              |             |
|                                    |                    |                                              |             |
| 08/14/13                           | <u>75.00</u>       |                                              | \$3,015.00  |
| Total                              |                    | *                                            |             |
| MidAmerica Hand to Shoulder Clinic |                    |                                              |             |
| Dr. Talerico                       |                    |                                              |             |
| 75 Remittance Drive                |                    |                                              |             |
| Suite 6035                         |                    |                                              |             |
| Chicago, IL 60675                  |                    |                                              |             |
| 708-237-7200 - Acct, 1002454       |                    |                                              |             |
|                                    | \$230.00           |                                              |             |
| 12/02/11                           | 160.00             |                                              |             |
| Total                              |                    |                                              | \$390.00    |
| Total                              |                    | • • • • • • • • • • • • • • • • • • • •      |             |
| Dynamic Hand Therapy & Rehab       |                    |                                              |             |
| 498 S US Highway 12                |                    |                                              |             |
| Suite C                            |                    |                                              |             |
| Fox Lake, IL 60020                 |                    |                                              |             |
| 847-587-3301 - Acct. 0042000185    |                    | $A_{ij}^{(n)} = A_{ij}^{(n)} + A_{ij}^{(n)}$ |             |
| 12/06/11 thru 10/02/13             | <b>ቁ</b> ያስ 100 ሰበ |                                              | \$30,190,00 |
| 12/00/11 tilu 10/02/13             | ф.J.,1.70,00       |                                              | \$50,150.00 |
| Open Advanced MRI of Round Lake    |                    |                                              |             |
| Medchex                            |                    |                                              |             |
| PO Box 502                         |                    |                                              |             |
| Katohah, NY 10536                  |                    |                                              |             |
| 866-959-1100 - Acct. 265065        |                    |                                              |             |
| 02/03/12                           | \$3.300.00         |                                              | \$3,390.00  |
| 02/03/12                           |                    |                                              |             |
| Hand Surgery Associates, SC        |                    |                                              |             |
| Dr. Sagerman/Dr. Biafora           |                    |                                              |             |
| 515 W. Algonquin Road              |                    |                                              |             |
| Arlington Heights, IL 60005        |                    |                                              |             |
| 847-956-0099 - Acct. 80330         |                    |                                              |             |
| 04/02/12                           | \$116.00           |                                              |             |
| 05/14/12                           |                    |                                              |             |
| 05/17/12                           |                    |                                              |             |
| 05/17/12                           |                    |                                              |             |
|                                    |                    |                                              |             |
| 07/09/12                           | 8,338.UU           |                                              |             |

| 10/22/12                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                                                                                                                                                                                                  |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 12/03/12                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                                                                                                                                                                                                  |
| Total                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | . \$9,319.00                                                                                                                                                                                                                     |
|                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                                                                                                                                                                                                  |
| Northwest Community Hospital                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                                                                                                                                                                                                  |
| 25709 Network Place                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                                                                                                                                                                                                  |
| Chicago, IL 60673                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                                                                                                                                                                                                  |
| 847-618-4747 - Acct, 71265382<br>07/09/12                 | \$6.366.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                         | \$6,366,00                                                                                                                                                                                                                       |
| 07/09/12                                                  | , φυ, συυ. υυ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                         | . ψυ,συυ,συ                                                                                                                                                                                                                      |
| Northwest Suburban Anesthesiologist, Ltd                  | d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |                                                                                                                                                                                                                                  |
| 8163 Solutions Center                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                                                                                                                                                                                                  |
| Chicago, IL 60677-8001                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                                                                                                                                                                                                  |
| 800-709-2715 - Acct. 71265382                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                                                                                                                                                                                                  |
| 07/09/12                                                  | \$1,365.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                         | . \$1,365.00                                                                                                                                                                                                                     |
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| Alexian Brothers Medical Group                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                                                                                                                                                                                                  |
| PO Box 5588                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                                                                                                                                                                                                  |
| Belfast, ME 04915-5500<br>847-506-6622 - Acct. 315684A380 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                                                                                                                                                                                                  |
| 09/25/13                                                  | \$153.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                         | \$153.00                                                                                                                                                                                                                         |
| 0)123(13                                                  | \$155.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                         |                                                                                                                                                                                                                                  |
| Walgreens                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                                                                                                                                                                                                  |
| 3925 W. Elm Street                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                                                                                                                                                                                                  |
| McHenry, IL 60050                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                                                                                                                                                                                                  |
| 815-363-0722                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                                                                                                                                                                                                  |
| 06/28/11                                                  | \$48.68                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                         | \$48.68                                                                                                                                                                                                                          |
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| Walmart Pharmacy                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                                                                                                                                                                                                  |
| 3801 Running Brook Farms Blvd.                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                                                                                                                                                                                                  |
| Johnsburg, IL 60051<br>05/16/12                           | \$25.70                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | . •                                     | sternij                                                                                                                                                                                                                          |
| 06/11/12                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                                                                                                                                                                                                  |
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| 08/02/12                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                                                                                                                                                                                                  |
| 10/02/12                                                  | 126.08                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                         |                                                                                                                                                                                                                                  |
| 11/16/12                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                                                                                                                                                                                                  |
| 12/28/12                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                                                                                                                                                                                                  |
| 02/09/13                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                                                                                                                                                                                                  |
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| TOTAL EXPENSES:    | <br>\$58,367.72                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| OTAL EXPENSES      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Misc Expenses      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Medical Supplies   | \$19.61                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| FOTAL ALL EXPENSES | <br>\$ <u>58,387.33</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

#### Paul Dulberg

Date of Accident: June 28, 2011 Date of Report: March 19, 2012

| Northern Illinois Medical Center 4201 Medical Center Drive McHenry, IL 60050-8409 815-344-5000 - Acct. 11179-00323 06/28/11 |
|-----------------------------------------------------------------------------------------------------------------------------|
| Moraine Emergency Physicians PO Box 8759 Philadelphia, PA 19101-8759 800-355-2470 - Acct. MNI711179003233                   |
| 06/28/11 \$1,346.00 \$1,346.00                                                                                              |
| McHenry Radiologists Imaging Associates PO Box 220                                                                          |
| McHenry, IL 60051-0220                                                                                                      |
| 815-759-0800 - Acct. 235130-QMRIG                                                                                           |
| 06/28/11 \$50.00 \$50.00                                                                                                    |
| Associated Neurology SC Attn: Dr. Levin 1900 Hollister Drive Suite 250                                                      |
| Libertyville, IL 60048                                                                                                      |
| 847-549-0055 - Chart # 18062                                                                                                |
| 07/28/11                                                                                                                    |
| 08/10/11 <u>930.00</u>                                                                                                      |
| Total                                                                                                                       |
| Open Advanced MRI of Round Lake Medchex                                                                                     |
| PO Box 502                                                                                                                  |
| Katohah, NY 10536                                                                                                           |
| 866-959-1100 - Acct. 265065                                                                                                 |
| 02/03/12                                                                                                                    |
| Walgreens                                                                                                                   |
| 3925 W. Elm Street                                                                                                          |
|                                                                                                                             |

Dulberg 005857

|                                 | . \$48.68          |
|---------------------------------|--------------------|
|                                 | \$7,313.43         |
| Misc Expenses  Medical Supplies | \$19.61<br>\$19.61 |
| TOTAL ALL EXPENSES              | \$ <u>7.333.04</u> |

## MEDICAL SUMMARY PAUL DUHLBERG

9/11/03 Hand Surgery Associates / Dr. Scott Sagerman

9/16/03 Hand Surgery Associates / Dr. Scott Sagerman

Hx: letter to Dr. Grobman. Left arm. N and T in ulnar nerve distrib of left hand. Following mva 3/02. Injections and meds. NCV in 2002 showed ulnar neuopahty on left.

Dx: left cubital tunnel syndrome.

T: surgery

10/28/03 Hand Surgery Associates / Dr. Scott Sagerman

SURGERY: left cubital tunnel release

10/30/03 Hand Surgery Associates / Dr. Scott Sagerman

Hx: eval of left arm. Doing well after surgery. Pain controlled.

T: PT

11/6/03 Hand Surgery Associates / Dr. Scott Sagerman

Hx: left elbow. Sypmtoms improved. Scar tenderness.

T: PT

12/4/03 Hand Surgery Associates / Dr. Scott Sagerman

Hx: Eval of left elbow. Symptoms have improved. Doing well.

Ex: full ROM. Slight ulnar nerve subluxation at cubital tunnel.

T: PT and discussed ulnar nerve transposition.

1/15/04 Hand Surgery Associates / Dr. Scott Sagerman

Hx: doign ok. Ulnar nerve symptoms improved. Still intermittant medial elbow pain. W/ movement.

T: discuss ulnar nerve instabiltiy and surgical options. Seeks second opinion.

1/19/04 Hand Surgery Associates / Dr. John Ruder Left elbow eval. 2<sup>nd</sup> opinion. Imp: favor submuscular transposition surgery. 3/10/04 Northwest Comm Hospital / Dr. Sagermann Hx: SURGERY: Revision of left ulnar neurolysis at cubital tunnel w/ ant transp. 3/15/04 Hand Surgery Associates / Dr. Scott Sagerman Hx Post surgery 3/18/04 Hand Surgery Associates / Dr. Scott Sagerman Hx: doing well . Pain controlled. 4/8/04 Hand Surgery Associates / Dr. Scott Sagerman 5/6/04 Hand Surgery Associates / Dr. Scott Sagerman Hx: eval of left elbow. Doing well. Arm feeling better. Strength improved. Pleased with results of surgery. 6/28/11 DATE OF ACCIDENT

6/28/11 Centegra McHenry / Dr. Apiwat Ford

Hx: chainsaw versus right arm 15 min ago. Feeling lightheaded. Accompanied by co-worker.

Xrays: Right forearm: deep tissue laceration at mid forearm.

Dx:

T: no work for 2 days.

7/28/11 Dr. Karen Levin / Associated Neurology

Hx: Seen by Dr. Mitchell Grobman - associate, in 2002 for left ulnar nueuropathy and had surgery and recovered by 2007. No prior problems with right arm. Last

month holding a branch for a neighbor when chain saw came up and cut his right forearm. Taken to ER. Put in stitches in muscle and outer stictches. Originally a lot of pain. Started noticing numbness in 5<sup>th</sup> digit. Droping things.

Ex: strength normal. Did NCV study. Normal nev. Ref to hand surgeon

Imp: Could be branch neuropathy to sensory nerves. Most likely just a sensory branch neuropathy that could improve or result in permanent numbness.

T: referral to hand surgeon.

8/10/11 Dr. Karen Levin

Hx: here for NCV test. Normal. Main median and ulnar nerves normal.

T: To see a hand surgeon.

12/2/11 Mid America Hand to Shoulder /Dr. Marcus Talerico

Hx: right handed dom. Ref by Dr. K levin. For eval of injury to right medial forearm 6/11. Using chain saw when he struck volar medial aspect of right forearm. Large open wound to muscle. Seen in ER. Muscle sewn together. Saw PCP. Noted persistent pain. Intermittant N and T in ring and small fingers. No PT yet. Had EMG 8/11 normal. Uses a mouse for 20 min then pain.

Ex:

Dx: late effect open wound extremeity No evidence of complete injury to ulnar nerve on Exam. Cpts muscular in origin. Maybe superficial sensory problem. No surgical interventtion needed. Ref to OT. Return 4-6 weeks. Review EMG.

12/2/11 Dynamic Hand Therapy

Hx:

Dx: R Forearm laceration w/ wrist flexor weakness, fatigue. No restrictions

T: PT for strengthening and conditioning and pain control

12/6/11 Dynamic Hand Therapy

Hx: chainsaw to forearm, neighbor using chain saw turned around and cut arm. Pain increases and wakes up at night, pain occurs where scar seems adhered to ulnar boarder of ulna.

Ex: healed wound. Mild hypertrophy noted; mild adherence to muscle noted.

Dx: pain, ROM deficits, strength deficits, sign deficits during activities.

T: PT

1/5/12 Dynamic Hand Therapy

Hx: spikes of pain to 9/10 lasts only a few seconds. No functional improvements. Problems pouring coffeee, using mouse, manipulating small objects..

1/6/12 Mid America Hand to Shoulder /Dr. Marcus Talerico

Hx:

Imp: Reviwed EMG which was normal. No evidence of ulnar nerve injury or tendon injury. Maybe some residual soreness but should resolve over time. Contiue PT.

1/30/12 Dr. Karen Levin

Hx: PT asked that he be reevaluated. Still gettting numbness and Ting and burning in spots on ulnar side of hand and arm. Filing for disability.

2/3/12 Open Advanced MRI / Dr. Karen Levin

Hx: trauma with chainsaw. Possible neuroma, nerve impingement or injury to forearm. Possible tendon disruption. Difficulty holding still during image. Pain in forearm and hand w/ weakenss in 4and 5 digits.

Imp: no forearm abnormailty. Does not exclude possible ulnar nerve impingement or injury. But no gross mass seen along ulnar nerve. No obvious muscle abnormality.

2/6/12 Dynamic Hand Therapy

Hx: 10/10 pain w activity, very specific detail. Difficulties holding can, maintaining fist, using RUE very little.

Ex: hypersensitivity

Dx:

T: Pt to be placed on hold until seeks further medical intervention. PT is not

helping his main problem. His SF - FDS appears to be affecting his ulnar nerve every time.

2/13/12 Dr. Karen Levin

Hx: results of MRI. Dk why he has continued symptoms. Dk why when he bends his lttle finger things get worse. Suggested a 3d opinion. Scott Sagerman.

2/27/12 Dr. Scott Sagerman / Hand Surgery Associates

Hx: (Firsts visit w/ Dr. S???) Chain saw laceration

Ex: large scar on mid forearm between elbow and innner side of wrist. Positive tinel. Subjective. Sensistivitiy on cubital tunnel on right side. Wrist and elbow motion unrestricted. No atrophy. Flexion normal. MRI normal. NCV (8/11) was normal. Does not rule out possibility of nerve injury.

Imp: right forearm laceration, may be ulnar nerve issues. Wound was a deep laceration. Possible nerve damage.

T: f/u EMG. To test muscle. Dr Levin.

4/2/12 Dr. Scott Sagerman / Hand Surgery Associates

Hx: EMG showed no evidence of neuropathy. Normal NCV. There \was no documentation nerve was not functioning normally. Still positive tinel.

4/3/12 Dynamic Hand Therapy

Hx: Pain 10/10 upon completion of FDS..difficulties holding cups or cans, using mouse etc.

Ex: hypersensitivity, decreased edema, numbness over scar and forearm

Dx: sign weakness

T: PT

5/14/12 Dr. Scott Sagerman / Hand Surgery Associates

Hx: new complaints: sig increase in arm after raking yard. Pain still occurrs.

Ex: able to grip better. Very little functional improvments. Still problem gripping things and openign lids etc.

Dx: sig sensory deficits noted. Edema increasing today. ROM increased.

T: PT - discuss poss surgery for ulnar neurolysis. Exploratory to see if decompression was necessary. Get second opin by Dr. Biafora.

5/16/12 Dr. Karen Levin

Hx: f/u. spoke to Dr. Sagerman. Strength not improving. Pain is not that bad. Only lasts a few seconds. PT or any activity brings on the pain.

T: Meds

5/17/12 Dr. Biafora

Hx: for second opinion. Chain saw accident to right forearm. Weakness in right hand w/ numbness in right small and ring fingers. Occasional tingling. Shooting pain radiating. Positive Tinel at the cubital tunnel and over the scar. Sign tenderness at scar to deep palpation.

Imp: 1 year status post laceration with potential for dysfunction of the ulnar nerve.

T: recommend surgery for ulnar nerve exploration w neuroysis and include cubital tuennel decompression w/ poss ant transposition. With improve pain not function.

6/1/12 Dr. Karen Levin

Tele Call: gardening over the week and now has increased symptoms.

6/4/12 Dynamic Hand Therapy

Hx: no improvements, grip is decreasing, difficulty opening things etc.

Dx: right forearm laceration of ulnar flexors and nerve

T: go to doc for surgical eval

6/6/12 Dr. Scott Sagerman / Hand Surgery Associates

Hx: taking neurontin from Dr. Levin for pain. Concerned with side effects. Symptoms the same. Side effects as well. Pt wants to proceed with surgery. PT lacks progress.

Ex: positive Tinel at cubital tunnel. Forearm scar is stable. W/ tenderness.

T: discussed surgery. This visits diff from last. Last showed PT benefiting. This one shows PT not helping.

6/11/12 Dr. Karen Levin

Tele Call: frequent twinges of pain and discomfort.

7/9/12 Dr. Scott Sagerman / Hand Surgery Associates

**SURGERY** 

Two things to do in surgery: 1) right elbow cubital tunnel release. (Pinched nerve in the elbow)(also done in 2003) 2) scarring of the muscle.

Proc: very dep laceration did reach to the nerves but the muscle fibers actually intact. Nerve was not cut and no visible scarring around the ulnar nerve. This accounts for Pauls symptoms. That the scarring of the muscle accounts for Pauls pain. Cubital tunnel problem was causing the N ant T in the digits. Two independent and separate f indings. CT is not likely related. The muscle scarring is.

7/11/12 Dr. Scott Sagerman / Hand Surgery Associates

Hx: doing well. Function increased and symptoms improved. Strength improved. Still some soreness in elbow - normal. No restrictions.

Dx: Cubital tunnel release/

7/16/12 Dynamic Hand Therapy

Hx: Difficulty opening containers such as bottles, tools, lifting, pourinng liquids. Gripping and pulling utensils.

Ex: stitches in place. No drainage, no symptoms of infection. T and Burning in ulnar forearm. L'd elbow forearm, wrists and digits, moderate edema in forearm/wrist/digits

Dx: Ulnar nerve injury - chainsaw on right forearm laceration;

T: moist heat, PT

7/23/12 Dr. Scott Sagerman / Hand Surgery Associates

Hx: doing fine

7/30/12 Dr. Scott Sagerman / Hand Surgery Associates

Hx: doing well and arm feels much better w/ increased function.

8/27/12 Dr. Scott Sagerman / Hand Surgery Associates

Hx: Doing ok. Elbow was sore. In PT. Grip strength increased and hand function better.

9/25/13 Dr. Kathy A Kujawa

Dx: post traumatic dystonia of R hand

T: botox injections for spasms.

10/22/12 Dr. Scott Sagerman / Hand Surgery Associates

Hx: feeling better. Function improved. Gaining strength. Sensation in fingers improved. Can grasp objects better. Still difficulty with some activities. Continue HEP.

12/3/12 Dr. Scott Sagerman / Hand Surgery Associates

Hx: eval of right hand and right arm. Still has some weakness and pinch strength and difficulty grasping objects. Doing HEP. Onset of left elbow symptoms with no prior trauma.

Dx: left lateral epicondylitis. Deg of the elbow - tennis elbow. Causes are wear and tear and degenerative. Whether due to over compensation b/c of injry -thats a stretch.

3/25/13 Dr. Scott Sagerman / Hand Surgery Associates

Hx: right arm has intermittant soreness - right forearm. Scar stable and mild sensitivity. Padded elbow sleeve for protection. Steroid injection. Unrelated ailment?

8/26/13 Dr. Scott Sagerman / Hand Surgery Associates

Slight intermittant pains in right forearm w/ muscle cramping. Right forearm scar stable w/ no tenderness or sensitivity. Intermitt. Muscle spasms. Referred to neurologist.

### **MEMORANDUM**

TO:

Hans

C:

File

FROM:

Bob

DATE:

October 30, 2013

SUBJECT:

DISCOVERY DEPOSITION OF DR. SCOTT SAGERMAN

CASE:

PAUL DULBERG

On October 15, 2013, I attended the discovery deposition of Dr. Scott Sagerman regarding his treatment of our client, Paul Dulberg. To review, Paul was injured in a chainsaw accident in which his right forearm was significantly injured and damaged after a chainsaw struck it while helping a friend cut down a tree limb.

#### FAVORABLE TESTIMONY:

In summary, the doctor was able to tie the forearm pain and symptoms being muscle pain and weakness in gripping and pulling things in his forearm to the accident. It was a deep laceration to his forearm and there was some injury to those muscles and nerves which may have been causing the pain in that area. The surgery to the forearm and treatment of that he felt he could easily relate to the accident.

#### UNFAVORABLE TESTIMONY:

In contrast to the positive points, the cubital tunnel injuries and subsequent surgeries and treatment that Paul had in his right elbow would be difficult to relate back to the accident and the doctor basically said that it was too far distal from where the chainsaw struck him to have been caused by the accident. Furthermore, any subsequent pain Paul would have had to his left arm would also be a stretch to show that that was somehow related to overcompensate him from the right arm. The doctor did note that it was possible, but I don't know that we can firmly count on his testimony to show that to be a viable claim.

#### SUMMARY:

On October 15, 2013, I attended the discovery deposition of Dr. Scott Sagerman in Paul Dulberg's case. The doctor identified himself as an orthopedic surgeon with specialties in hand and upper extremities. He did have some recollection of Paul from the numerous treatments of him. This accident occurred on 04/28/11 and the first visit with Dr. Sagerman was on 02/27/12. He does know that he had seen Dr. Sek prior to this as well as Dr. Levin and Dr. Talerico.

The doctor did note that he had seen Paul sometime in the past in 2003 and 2004 when he was diagnosed with cubital tunnel syndrome in his left arm. This is an ulnar nerve condition regarding

compression of the nerve in the elbow. The ulnar nerve is the main nerve behind the elbow in the cubital tunnel area. It extends to the inner side of the hand and provides muscle function to the hand. The symptoms of this syndrome would be numbness and tingling on the inside of the hand, mainly the ring finger and the small finger especially. This is significant as it also notes the same symptoms that Paul had displayed, along with others, in his current treatment with Dr. Sagerman. It is further significant because Dr. Sagerman was not able to tie that cubital tunnel syndrome and symptoms to the chainsaw accident. This earlier treatment in 2003 and 2004 showed the same symptoms and the same type of ailment as he was currently claiming of with his right hand now. The onset of this prior treatment was a motor vehicle accident in March, 2002. The doctor did not have anything else specific regarding that. He noted that the common causes of cubital tunnel syndrome is a compression on the nerve. It may be spontaneous or as a result of injury to the vicinity or it can also be from strenuous activities. As to whether it can be caused simply by repetitive use, he doesn't think so. He noted that these quite type of activities generally cannot create such an ailment. Back then, surgery was done to correct the cubital tunnel and it was successful.

Bring us up to more modern times, in February, 2012, he first came to him for the injury resulting from the chainsaw accident. He didn't really know how it occurred but he does have some history in his medical records. In February, 2009, he did send a letter to Dr. Sek regarding his treatment with Paul which he had on his first visit on February 27, 2012. He noted in that letter that Paul developed symptoms of numbness in the small finger as well as weakness and that he treated it with therapy and had an EMG test and an MRI scan. He noted that he did not have the emergency room notes at that time. Regarding the past medical history, it does note some arthritis as well as cervical disc disease. The doctor did not know much about this but it looked like it was in the neck area. There were various medications that he was on at the time as well and noted that they were for antiinflammatory, a pain medicine, depression, and for muscle spasms. Regarding his exam on that first appointment of February 27, 2012, the doctor basically read from his notes on that day. He noted there was a large scar on the mid forearm between the elbow and the inner side in the wrist. He noted positive Tinel sign which is conducted by tapping over the nerve area and it will show pain or indicated nerve dysfunction or injury. This is a subjective finding. On the cubital tunnel region on the right side, there was sensitivity there also. Wrist and elbow motion were unrestricted and there were no visible signs of atrophy. He noted that he was able to abduct the small finger which is to pull it sideways from the other fingers. His flexion strength was normal. X-rays showed no fracture. He reviewed the films of the MRI from February 3, 2012 and noticed no abnormalities. The MRI report noted weakness in the ring and small finger. He noted that even though there was nothing abnormal in the images that he was not too exclude the possibility that the nerve was still injured. He noted that just because it's not in the film that there may still be some nerve injuries in and around the point where Paul was complaining. The nerve conduction study was also conducted on August 10, 2011, and there was no evidence of neuropathy. This is a negative finding, however, it does not rule out the possibility of the nerve injury. Same as the MRI report. That being said, it is important to note that simply because these two studies, being the MRI and nerve conduction study, did not show anything abnormal, that does not mean that there is not a nerve injury still present. His impression was that the right forearm was a laceration with probable partial ulnar nerve injury. At the scar area, he noted there was a deep laceration there and there may be ulnar nerve issues. It is possible that the nerve could have been directly damaged. He was showing signs of an ulnar nerve injury and local sensitivity in that area of his forearm. That is further suggestions of such a nerve injury. He then sent him for a follow up for an EMG. This is different from a nerve conduction study in that the nerve conduction study studies and evaluates the velocity of the nerve impulses. An EMG tests the muscle to be indicative of an injury. He wanted the EMG because it will give a more complete analysis. He felt in his opinion that was warranted. They also brought up surgery at that point as a nerve exploration to expose the area of injury. The EMG was ordered and no work restrictions were put into place. The EMG was done with Dr. Levin on March 13. The next visit with Dr. Sagerman was on 04/02/12.

On 04/02/12, Dr. Sagerman had another appointment with Paul Dulberg in his office. He had the EMG tests which was done by Dr. Levin and it showed no evidence of neuropathy. It also showed that the nerve conduction was within normal limits. At that point, there was no documentation that the nerve was not functioning properly. There was still a positive Tinel sign which is subjective and there is still the abduction of the small finger with a positive Wartenbergs sign. It is noted that he did not wish to pursue surgery at this time but there were some recommendations given for strength exercises and scar management.

The next visit was on 05/14/12 and there were new complaints at this point. Paul was having issues with persistent pain with the use of his arm as well as gripping and squeezing things. There was no change in the symptoms of numbness or tingling in his fingers, but that was not bothersome to him. His function in the arm was limited due to pain symptoms. Upon examination, he found that the Wartenberg sign is still positive and his intrinsic strain is slightly weak. This weakness was of the muscles in the hand that control the fingers. There was also no clawing. This would be an abnormal posturing to the finger due to the muscle issues. This is commonly seen in ulnar nerve injuries. However, there were no signs of clawing in Paul on that date. The discussion was had regarding possible surgery for an ulnar nerve neurolysis. This was more of an exploratory issue to find out what was bothering the nerve and to decompress the nerve. His next visit, he was ordered to follow up with a different doctor, being Dr. Sam Biafora. This was to get a second opinion on his pains and it was suggested by Dr. Sagerman to do this.

The next visit was on 05/17/12 with Dr. Sam Biafora. Dr. Sagerman testified as to what Dr. Biafora had noted in his records which we have. He noted in his records that he was to see Paul for a second opinion after being referred to him by Dr. Sagerman. He noted that Paul sustained a chainsaw injury to his right forearm. He noted that Paul told him that he had a partial nerve injury in the emergency room. On this day he noted weakness in his right hand as well as numbness in his right small and ring fingers at rest with occasional tingling. He also reported a shooting, burning type of pain which radiates proximally and distally from the area of the injury in the proximal forearm. He noted this occurs several times a day at rest and more predictably with use. Upon physical exam, Dr. Biafora noted that there is a positive Tinel at the cubital tunnel through to approximately several centimeters distal to that. There was also transverse swelling and a heeled scar several millimeters in length at the proximal third of the forearm on the ulnar side. He also noted that there is a positive Tinel over the scar and at the most volar radial aspect of the scar. There is also significant tenderness at the scar to deep palpation on its most ulnar and distal border near the ulna. He also noted Tinel over the most volar and radial aspect of the scar radiates into the ulnar digits. He noted there was still positive Wartenbergs signs. He did have good strength and flexation of the small and ring fingers but there is pain at the scar on its most dorsal and ulnar border with resisted DIP flexion of the small finger. His assessment was that he felt there was approximately a 1 year status post the laceration and there was likely a partial ulnar nerve injury with ulnar nerve neuritis. Dr. Sagerman explained this to be that at the site of injury, there was a potential at that location for dysfunction of the ulnar nerve. That would explain some of the symptoms Paul has had and he has been experiencing in the ulnar nerve in his hand as well. Dr. Biafora also recommended surgery and felt that the patient "may benefit from an ulnar nerve exploration with neuroysis". He also noted that he would recommend this also to include the cubital tunnel decompression with possible anterior transposition. He noted that it will not likely improve the motor deficits in his hand but it may improve the pain that Paul is experiencing in his forearm. He noted that he also had separate and distinct tenderness in the most dorsal ulnar aspect of the wound and it may require exploration of that portion of the scar as well. Paul noted that he wanted some time to think about it before he made a decision and will follow up with Dr. Sagerman in four weeks.

The next visit was with Dr. Sagerman on 06/06/12. He noted that prior Dr. Levin had given him Neurontin to treat the nerve pain that he was having. Dr. Sagerman normally doesn't give that drug and he feels there is problems with side effects and there is a better prescription for him to have. On that date he reported no change in his symptoms despite that medication. However, he is noting some side effects from that medication which may interfere with his functioning. Paul at that time noted he would like to proceed with the surgery that was discussed with Dr. Biafora previously. He also had had additional therapy but it was discontinued due to lack of progress. He went on with the physical examination and noted that the right elbow and forearm was unchanged. There was a positive Tinel sign present at the cubital tunnel without ulnar nerve subluxation. The forearm scar is stable with tenderness and sensitivity to percussion. He indicates he had pain when he was trying to grip things which was localized to the forearm region and resulted in increased numbness in his ring and small fingers as well as weakness in his grip. The surgery was discussed and Paul noted that he feels that any improvement in the symptoms will be beneficial in terms of his arm functioning normal. There was a bit of a discrepancy here between this visit and the last one in which on 05/14 it was noted that physical therapy seems to be getting him some benefit but as of the 06/06 appointment, it is noted that physical therapy is not helpful. The doctor could not explain the difference between the 2 or why that was the case.

Paul then had his surgery on 07/09/12. The doctor noted at that time that prior to the surgery regarding Paul's prognosis, the doctor was very guarded in his prognosis. He didn't really know how much improvement there was going to be as it is hard to predict how much better it is when you don't know the extent of the nerve injury, which is all the more reason why you are going in for the exploration to determine the extent of the surgery.

The surgery was on July 9th. The pre-operative diagnosis was the same and this was an outpatient type surgery. There were 2 things that they were going after in the surgery. No. 1 was the right elbow cubital tunnel issue and release and there was also the pain in the right forearm. Regarding the cubital tunnel release which is done in the right elbow, it did show thickening of the cubital tunnel ligament with scarring of the ulnar nerve to the floor of the cubital tunnel with local constriction. This basically meant a pinched nerve in the elbow area. This was in essence the same type of procedure or injury Paul had suffered back in 2003 and 2004. However, the doctor could not 100% confirm that as he did not have those records. What he found would be consistent with cubital tunnel syndrome and its causes. He did note regarding the surgery to the right forearm that there was a very deep laceration into the muscle which covered the nerves but the muscle fibers were actually in tact. He noted in his report that the site of the previous chainsaw laceration revealed extension to the subcutaneous tissue and fascia overlying the flexor carpi ulnaris muscle. He noted that the nerve was not cut and there was no visible scarring around the ulnar nerve at that level. The findings in this were important for us in that it showed that these were consistent with his complaints. It seemed that from the laceration, what he found would account for Paul's symptoms. He basically went on to discuss the scarring of the muscle and whereas it is maybe difficult to say, he felt the scarring of the muscle may have caused the ailments that Paul was suffering from. He also noted

that as far as the cubital tunnel, that would account for the ailments that Paul was suffering in his ring and pinky finger. These are two separate independent findings at two different sites. In summary as I will go over later, it basically noted that the doctor would tie the injury to the forearm and that weakness and lack of grip to our accident. However, he would not tie the cubital release in his elbow to the accident as he felt it was too distal from where the accident actually occurred.

The next visit was on 07/11/12. There did not seem to be any real issues at that time and the patient was doing well. His function had increased and his symptoms had improved and his strength had increased. He still had some soreness in his elbow and that was normal. As far as restrictions at work, he did not feel that Paul should have any as doing work sitting at a computer.

The next visit was on 07/23/12. At that time, Paul seemed to be doing fine.

He then saw him on 07/30/12 and noted also that he was doing well and his arm feels much better and he has increased function and feels that his symptoms have improved.

The next visit was on 08/27/12. On this, he noted that Paul was doing okay and that his elbow was sore and he was participating in therapy. His progress at this time was satisfactory and his grip strength had increased and his hand function had improved. There were no signs of infection or any other issues. He was told to continue his therapy and come back in about 6 weeks.

His next visit was on 10/22/12 and he noted he was feeling better. His function has improved and he is gaining strength. The sensation in his fingers has improved and he is pleased he can now grasp objects better then he did before the surgery. He still has some difficulty with certain activities regarding gripping and pinching of small objects. He was examined and it was noted that he will continue his home exercises as well as those given by his therapist. He can also advance in his activities is as tolerated. He noted on this time that they discussed work activities and that Paul noted he is currently unemployed and plans to pursue disability. They noted the next visit in 6 weeks.

The next visit was on 12/03/12. On this date, he was in for an evaluation of his right hand and right arm. He noted he still has some weakness and pinch strength and difficulty grasping objects. But he is performing his home exercises. It is at this point that he also notices an onset of left elbow symptoms with no proceeding trauma. After an examination, the doctor's impression was that he had a left lateral epicondylitis. This is a degeneration of the elbow which basically is tennis elbow. Causes are normal wear and tear and are degenerative. The fibers lose their strength and it causes issues. This can be caused by blunt trauma or certain actions can cause it also. As to whether it will be caused by over compensation, that would seem to be a stretch, according to Dr. Sagerman. Most of it was the same and this examination was predominantly on the left arm and again, as stated before, he did not really feel that these injuries would be caused by over compensating from the injury he had to his right arm.

The next visit was on 03/25/13 and all is really noted regarding the right arm on this visit is he did have some intermittent soreness in the right forearm area. Nevertheless, the scar was stable and there was mild sensitivity at the most ulnar aspect of it. At the right forearm scar, a padded elbow sleeve was provided for protection and he may follow up on an as needed basis if symptoms worsen. On that date, it looks like he gave a steroid injection, but was not asked significantly about this during the deposition. Again, this seems to be an unrelated ailment.

The next visit was on 08/26/13. On that visit, he did come in for some slight intermittent pains in his right forearm in the muscle cramping area. He noted that the right forearm scar was stable with no focal tenderness to sensitivity. But he did describe intermittent muscle spasms with discomfort despite the medication. Dr. Kathleen Kajawa suspects possible dystonia. He was then referred out to a neurologist.

Regarding the doctor's opinions of his injuries in relation to the chainsaw accident, he noted that the chainsaw injury was a deep laceration of the right forearm. He felt that the injury to the forearm from the chainsaw was definitely related to our accident. He felt also that the surgery to that forearm was also related to the accident and the pain and symptoms that he was feeling in his right forearm would all be relatable to the chainsaw accident. As for the prognosis of that, he felt Paul should remain stable within a certain degree of certainty, the symptoms should remain unchanged as to what he would expect.

Regarding the cubital tunnel syndrome, he did not feel that that was related to the accident. He felt that the injury to the elbow where the cubital tunnel is located as well as the surgical procedure that they did there was too far from the forearm to relate it to the accident. As to whether the injury to the forearm could be some kind of a by-product of the cubital tunnel, he really didn't think so. He felt that the injury from the chainsaw was too distal to the elbow to effect the elbow in the way that they found. The injury would account for the scarring as well as the lack of grip and weakness that he was having in his forearm. However, the cubital tunnel would account more for the numbness and tingling in his fingers and that he could not attribute the accident.

Regarding any disability, as for the forearm, he would have difficult time pushing, pulling or lifting certain things at times. He would have to accommodate for that impairment in doing those activities. He could do some of those things to the extent that his forearm and the strength would allow him to do that. As to whether he can work at all from the forearm injury, he can work as it is tolerated. The doctor did note as to whether that makes him totally disabled would probably not be the case. Especially with the fact that he works at a computer most of the time. As to whether there is any overlap between the injury to the forearm which is relatable and the cubital tunnel which does not seem to be relatable, the doctor did note that you really have to look at the medical records to evaluate which of the charges could be deemed relatable versus not. They are two distinct and separate surgeries and incidents, but nevertheless, there are probably is some overlap between the two of them and there is treatment for both areas on any number of the doctor visits. As to whether the left elbow pain could anyway be related, the doctor felt it would be quite a stretch to do that but it really would depend on what you are doing with your left elbow. He would not commit. After surgery, as to whether he had full disability, it really depended on his function and his abilities to do whatever it is he was being asked to do. Again, as to whether it is a total disability, the doctor felt it was hard to say. But if it was a computer based job and he would not have to do any strenuous work, such as pulling, pushing, lifting, or whatnot, and if he stuck mostly to the computer-based jobs, he doesn't know if he could say he would be totally disabled.

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# MidAmerica Hand to Shoulder Clinic Dr. Talerico

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MIDAMERICA ORTHOPAEDICS 75 REMITTANCE DA STE 6015

Page 1

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Anton J. Fakhouri, MD, FACS, FK Gary A. Kronen, M Paul E. Papierski, M Taruna Madhav Crawford, M Marcus G. Talerico, M Jeremy T. Bell, PA-Gregory Crovetti, M James Moravek, M Beverlee Brisbin, M Thomas M. Hunt, OPA-C, M

## **FAX**

| Date: | 2-1 | 1-12 |
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To: Thomas J. Papovich

Company Name: The Law Offices of The

Phone Number: 515 -344-3797

Regarding: Paul Dulhery

From: Samuelha Milewnott CMP Phone Num
Company: Millimenica Hand to Shoulder F.

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Comments:

Please call if you h

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THOMAS J. POPOVICH HANS A. MAST JOHN A. KORNAKT DIANA M. REITER

June 11, 2012



MidAmerica Hand to Shoulder Clinic Dr. Talerico MEDICAL RECORDS/PATIENT BILLING 755 S. Milwaukee Avenue Suite 250 Libertyville, IL 60048

Ře:

Patient:

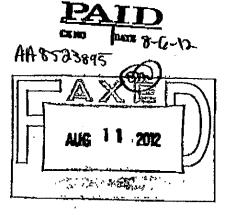
Paul Dulberg

Date of Birth:

03/19/1970 .

Date of Service:

06/28/2011 to present.



Dear Sir or Madam:

Please be advised that the above-captioned person is represented by the LAW OFFICES OF THOMAS J. POPOVICH, P.C. We respectfully request the following information:

- Complete copy of the patient's file with your facility, including correspondence, doctor/nurse notes and therapy records from 06/28/11 to present; and
- Itemized bills for services rendered.

Attached please find a HIPAA authorization signed by our client/your patient permitting the release of the foregoing documents being requested.

Please direct these documents back to my attention by mailing the information to the address listed above. Thank you for your prompt attention to this request.

LAW OFFICES OF THOMAS J. POPOVICH, P.C.

Very truly yours,

Alarie Dullum. Paralegal

> WAUKEGAN OFFICE 210 North Martin Luther KING JR. AVENUE WAUKEGAN, IL 60085

Dulberg 005876 11:Ud ELOW: [18

## HIPAA AUTHORIZATION FORM PATIENT NAME: Paul Dulberg DATE OF BIRTH: 3/19/70 DATE OF SERVICE: 4/28/11- PUSENT PURSUANT TO 735 ILCS 5/8-2001, 735 ILCS 5/8-2003 OF THE ILLINOIS COMPILED STATUTES AND HIPAA, I HEREBY AUTHORIZE USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION ABOUT ME AS DESCRIBED BELOW. The following specific person or class of persons or facility is authorized to make the 1. requested use or disclosure: MidAmerica Hand to Shoulder Clinic Medical Provider: 2. The Law Offices of Thomas J. Popovich, P.C., may receive disclosure of protected health information about me. The specific information that should be disclosed is: a copy of my entire hospital record and/or information in connection with the hospitalization/treatment date(s). Ifully understand that my entire hospital record may contain mental health and developmental disabilities, alcohol and/or drug abuse, and/or Acquired Immune Deficiency Syndrome (AIDS)/ffIV tests results and/or information. The medical records and/or healthcare information authorization to be disclosed hereunder are privileged and confidential and may be disclosed only on my authorization, except as required by law. I understand that information disclosed pursuant to this authorization may be re-disclosed by health information or medical records. I may inspect and arrange for photocopies of the records/healthcare information that are to be disclosed. I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it, and would then no longer be protected by federal privacy regulations. I may revoke this authorization by notifying law office of memory in writing of my desire to revoke it. However, I understand that any action already taken in reliance of this authorization cannot be reversed, and my revocation will not affect those actions. I understand that the medical provider to whom this authorization is furnished may not condition its treatment of me on whether or not I sign the authorization.

б.

Signature of witness

SIGNATURE OF PATIENT OF LEGAL REPRESENTATIVE

If signed by legal representative, relationship to patient:

THIS AUTHORIZATION EXPIRES ONE YEAR FROM THE DATE OF MY SIGNATURE.

legal action being handled by my attorneys, Law Offices of Thomas J. Popovich, P.C.

This information for which I am authorizing disclosure will be used for the purpose of my

## Therapy Prescription

## (X) Hand Therapy

() Physical Therapy

| <del></del>                                                                                                                                     | Dulberg                                                                                                                                                                                       |                                                                                                                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DOB: <u>03/19/1970</u>                                                                                                                          | Telephone: (847)497-4250                                                                                                                                                                      |                                                                                                                                                                                                          |
| Diagnosis: R forearm lac                                                                                                                        | eration with wrist flexor weakness, fatigue. No rest                                                                                                                                          | rictions                                                                                                                                                                                                 |
| Special Instructions/Precaution                                                                                                                 | ns: Strengthening and conditioning, pain co                                                                                                                                                   | ntrol modalities                                                                                                                                                                                         |
| Frequency & Duration: 1-2                                                                                                                       | times per week x                                                                                                                                                                              | 4 weeks                                                                                                                                                                                                  |
| Evaluation and Treatment  Exercises (X) AROM () PROM (X) Strengthening () Manual Therapy  Splints () Static () Dynamic                          | Protocols  () Flexor Tendon Repair () Extensor Tendon Repair () Carpal Tunnel Syndrome () Trigger Finger () Epicondylitis                                                                     | Miscellaneous (X) Home Exercise Program () ADL's () CPM for home use () FCE () Work Conditioning () Work Hardening (X) Par Therapist's discretion                                                        |
| () Dorsal () Hand based () Wrist/Forearm based () Volar Specific Joint position required () Wrist () MP () PIP () DIP () Thumb CMC () MCP () IP | Modalities  (X) At therapist's discretion  () Ultrasound  d:  () Iontophoresis  () High Volt Pulsed Current  () NMES  () TENS  () Heat/Cold Pack  () Whirlpool  () Fluidotherapy  () Parrafin | Scar/Edema () Edema Control () Scar Control/Massage/Remodeling (X) Desensitization () Wound Care () Soft Tissue Mobilization () Sterile Dressing Changes (X) Pain Reduction () Jobst Compression Garment |
| Physician's Signature:                                                                                                                          | Manne XI. Talemo, m                                                                                                                                                                           | Date: 12/02/11                                                                                                                                                                                           |
| Scheduled for:                                                                                                                                  | esday December 6.2011 at 3:30pm                                                                                                                                                               | et Dynamic Hand Therapy/ Fox Lake                                                                                                                                                                        |

Report Date: June 15, 2012 Patient: Dulberg, Paul R DOS:

#### HISTORY & PHYSICAL

PATIENT: Dulberg, Paul AGE: 41 years old **EXAM DATE: 12/02/11** 

CHIEF COMPLAINT: Right forearm pain.

HIPI: Patient is a 41-year-old male who is right-hand dominant. He was referred by Or, Karen

Levin, MD, neurology, for evaluation of an injury he sustained to his right medial forearm in June of 2011. He apparently was using a chain saw when he accidentally struck the volar medial aspect of his right forearm in roughly the mid forearm range with a chain saw. He had a large open wound down to muscle. He was seen in the emergency department where the wound is here it at the muscle was sewn together and the skin was closed. He followed up with his primary care provider. He has noted persistent pain which he describes as intermittent and shooting in character radiating from the laceration site. He occasionally has intermittent numbness and tingling in the ring and small finger. He reports grip weakness and no endurance with wrist flexion and gripping. He has not had therapy to date. He did have an EMG/NCS performed by Dr.Levin in August of 2011. Per the patient the study was normal, I do not have that study available at this moment. He currently is not working but is a graphic designer by training. He reports using a

computer mouse for 20 minutes causes significant forearm pain.

MEDICATION:

Patient has no current medications.

ALLERGIES:

nkda

R EFERRAL SOURCE: Not Referred By

ILLUESSES:

**Arthritis** 

OPERATIONS:

Ulnar Nerve Transportation: Active

S-OCIAL HISTORY: Alcohol - Denies Marital Status: Single

Smoking: current every day smoker

FAMILY HISTORY:

**Diabetes** 

OCCUPATION:

Graphic Designer

#### ROS:

1. Head and Neck: System reported as normal by patient.

2. Heart: System reported as normal by patient. 3. Lungs: System reported as normal by patient.

4. GI: System reported as normal by patient.

GU: System reported as normal by patient. 6. Neuro:

As per HPI. 7. Musculoskeletal: As per HPI.

8. Abdomen: System reported as normal by patient. 9. Heme/Lymph: System reported as normal by patient.

10. Other:

#### PHYSICAL EXAM:

₩itals: No data for Vitals.

Appearance;

No distress, good color on room air. Alert and cooperative. Skin: Bilateral upper extremities: no open wounds or skin changes.

Neuro: Bilateral upper extremities: Median, radial and ulhar nerves are motor and sensory intact.

Light touch intact all digits, no weakness or wasting.

✓ascular: Bilateral upper extremities: palpable radial pulses and brisk capillary refill,

Focused Exam: Examination of his right upper extremity reveals his elbow has normal painless range of

motion. No focal tenderness to palpation. Collateral ligaments are stable, His forearm compartments are soft. He has a well-healed transverse laceration on the volar medial mid forearm level. There is no erythema, drainage, or fluctuance at the level of the laceration. There is no tenderness to palpation at the laceration site. There is some apparent muscle

92/9:968년

#### Report Date: June 15, 2012 Patient: Dulberg, Paul R DOS:

incongruity. Distally his hand demonstrates no atrophy. He has 5 out of 5 intrinsic strength. 5 out of 5 APB strength. He can make a full fist with full extension of all digits. He does not demonstrate a clawed posture. He has a negative Froment sign. He has a positive Wartenberg sign. Wrist flexion and extension is 5 out of 5 strength. He has a palpable FCU and ECU tendons at the level of the wrist. They have appropriate tension.

**INJAGING:** 

None today.

ASSESSMENT:

D #AGNOSIS:
P #ROCEDURES:

906.1-LATE EFFECT OPEN WND EXTREM 99203-NEW Detailed, Low Complexity

PLAN:

Plan:

I reviewed findings, treatment options, and recommendations with the patient concerning the forearm complaints he has. I would like to see the official report of the EMG/NCS. We will obtain this report. There is no evidence of a complete injury to his ulnar nerve on physical exam. His complaints are likely muscular in origin. He may have some superficial sensory complaints as well. I do not think he needs any surgical intervention at this time. I did recommend and provided him with a prescription for occupational therapy to work on strengthening and conditioning of the forearm muscles. They can also perform some pain control modalities. I would like to see him back in 4-6 weeks' time to see if therapy is of some assistance to him. I will contact him by phone if his EMG is significantly abnormal. Otherwise we will discuss it at the next followup visit. Patient was in agreement with the plan.

Prescription: VVork Status:

No data for Prescription

Not applicable.

Marcus G. Talerico, M.D.

Referred by: Dr. Karen Levin Primary Care Physician: Dr. Sek

Other: n/a

F ax Created Dated 12/5/2013 91/3:03 AM Referring Physician MC

#### Report Date: June 15, 2012 Patient; Dulberg, Paul R DOS:

PATIENT: Dulberg, Paul R

AGE: 41 years old EXAM DATE: 01/06/12

HOME: 4646 Aden Court Mohenry, IL 60051

PID: 1002454

CHIEF COMPLAINT: Right forearm pain.

Nurse's Notes: Patient doesn't feel occupation therapy is helping. He complaints of pain/soreness and loss of

strength, MT

Referred by: Not Referred By

HPI:

Patient is a 41-year-old male who is right-hand dominant. He was referred by Dr. Karen Levin, MD, neurology, for evaluation of an injury he sustained to his right medial forearm in June of 2011. He apparently was using a chain saw when he accidentally struck the volar medial aspect of his right forearm in roughly the mid forearm range with a chain saw. He had a large open wound down to muscle. He was seen in the emergency department where the wound was debrided and the muscle was sewn together and the skin was closed. He followed up with his primary care provider. He has noted persistent pain which he describes as intermittent and shooting in character radiating from the laceration site. He occasionally has intermittent numbness and tingling in the ring and small finger. He reports grip weakness and no endurance with wrist flexion and gripping. He has not had therapy to date. He did have an EMG/NCS performed by Dr.Levin in August of 2011. Per the patient the study was normal. I saw the patient a proximally one month ago recommended a course of occupational therapy. He has attended one or 2 sessions thus far. I also obtained and the EMG nerve conduction study to review. The patient reports no improvement in symptoms. He thinks that therapy is not helpful. He feels he is getting weaker. He feels burning in the forearm region. He also asked me about disability paperwork.

MEDICAL HISTORY: Arthritis

MEDICATION: naproxen (Dosage; 375 mg Tablet, Delayed Release (E.C.) SIG: Take 1 tablet Oral twice

a day Oral Dispense: 90 Refills: 2)

ALLERGIES:

nkda

**SOCIAL HISTORY** 

Alcohol - Denies Marital Status: Single

Smoking: current every day smoker

PHYSICAL EXAM:

Appearance:

No distress. Alert and cooperative.

Skin:

Bilateral upper extremities: no open wounds or skin changes. Well-healed laceration in the

mid forearm region right side ulnar aspect. No evidence of infection.

Neuro:

Bilateral upper extremities: light touch intact all digits, no weakness or wasting.

Focused Exam:

Elbow with full and painless motion in the right side. Forearm compartments are soft there is no obvious deformity. He has preserved wrist flexion and extension strength. He can make a full fist and has full extension of all digits. He has no intrinsic or thenar atrophy. He has 5/5 APB and intrinsic strength. He has a negative Froment sign. He does have a positive

Wartenberg sign. FDP to the small finger is 5/5.

**IMAGING:** 

None today.

DIAGNOSIS:

906.1-LATE EFFECT OPEN WND EXTREM

PROCEDURES:

99213-ESTABLISHED Expanded, Low Complexity

#### ASSESSMENT & PLAN:

Plan:

I reviewed findings, treatment options, and recommendations with the patient concerning the forearm complaints he has. I reviewed the EMG/NCS which is a normal study. There is no evidence of ulnar nerve injury. Given the location of his injury this is the only significant problem I can imagine from this wound. There is no evidence of any nerve or tendon injury. He may have some residual soreness and some superficial sensory abnormalities but this should improve over time. Our recommendation is simply continued therapy. No need for surgical intervention that I can foresee. Unfortunately do not have anything further to offer

#### Report Date: June 15,:2012 Patient: Dulberg, Paul R DOS:

the patient at this time. I would be happy to see him back in the future on an as needed basis.

Work Status:

Not applicable.

Marcus G. Talerico, M.D.

Referred by: Dr. Karen Levin Other: Hans Mast(Attorney)

| F_ax Created Dated 1/9/2012 3:25-124PI   |   |        | <br>نديم الم                            | era est. | , in injury      | . Th           |
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## LIABILITY/PERSONAL INJURY INFORMATION FORM

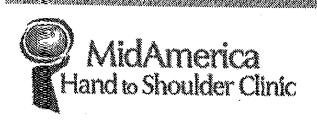
| Please fill out this form only if you have a liability/p                      | personal injury claim.                                                 |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Patient Name: Pay 1 Ov Word Liability/Personal Injury Insurance Carrier: AUTO | _ Date of Birth: 319.70 Date of Injury:                                |
| Liability/Personal Injury Insurance Carriers Address:                         | 6000 Tailgate Rd Svite O Elgin Il 60123                                |
| Claims Adjuster: Tom Malata                                                   | 6000 Tailgate Rd-Svite D Elgin II 60123<br>Phone #: '847.587.3077 a.#: |
| If you have retained an attorney for this injury, please p                    | provide the following information:                                     |
| Attorney Name: Hans mast                                                      | Phone #: 815.344.3797 Fax #:                                           |
| Attorney Address:                                                             |                                                                        |
|                                                                               |                                                                        |
| Signature:                                                                    | Date:                                                                  |
| Printed Name:                                                                 | Date:                                                                  |



## **Fax**

| To:      | Hans Mast            | From                   | Tish                |                     |
|----------|----------------------|------------------------|---------------------|---------------------|
| Fax:     | 8153445280           | Pages:                 | 6 (Including Co     | over Letter)        |
| Phone:   |                      | Dates                  | 3/26/2012           |                     |
|          |                      | Phone:                 | 847-720-7114        |                     |
| Res      | Paul Dulberg         | Fax:                   | 847-720-7344        |                     |
| 🗆 Urgent | □ For Review         | ☐ Please Comment       | ☐ Please Reply      | 🗆 Please Recycle    |
| е Сопил  | ents:                |                        |                     |                     |
| Attached | please find a ledger | for the amount due for | injury sustained by | y Mr. Paul Duiberu. |

THIS TRANSMISSION IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED, AND MAY CONTAIN ENFORMATION THAT IS PRIVILEGED, COMPIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW, IF YOU ARE THE READER OF THIS MESSAGE AND NOT THE INTENDED RECIPIENT, OR THE EMPLOYER OF AGENT RESPONSIBLE FOR DELIVERING THE MESSAGE TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE. THANK YOU



Anton J. Fakhouri, MD, FACS, FICS Gary A. Kronen, MD Paul E. Papierski, MD Taruna Madhav Crawford, MD Marcus G. Talerico, MD Jeremy T. Bell, PA-C Thomas M. Hunt, OPA-C, MBA

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From =

Marcus G. Talerico, M.D.

Date:

10 January, 2012 3:13 PM

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Pages: 3

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Notes =

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FaxCo=mpany = Hans Mast-Attorney

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FaxUs\_erData =

UserC\_ompany = MidAmerica Hand to Shoulder Clinic

UserF=axNumber = (847)247-0540

UserN=ame = Marcus G. Talerico, M.D.

Pololder



Anton J. Fakhouri, MD, FACS, FICS Gary A. Kronen, MD Paul É. Papierski, MD Taruna Madhay Crawford, MD Marcus G. Talerico, MD Jeremy T. Bell, PA-C Thomas M. Hunt, OPA-C MBA

OAKEBROOK TERRACE 1 TrainsAm Plaza Drive, Sulte 460

16610 W. 159th St Suite 103 Oakbro⇒ok Terrace, IL 60181 Lackport, IL 60441 P 630.317.7007 P 708.237,7200 F 815.838.8804 F 630,317,7088

LOCKPORT

AGE: 41 years old

PALOS HILLS LIBERTYVILLE 10330 S. Roberts Road 755 South Milwaukee Ave, 1990 East Algonquin Rd. Palos Hills, IL 60465 Suite 250 P 708.237.7200 Libertyville, IL 60048 P 847.247.0547 F 708.237.7201 F 847.247.0540

Suite 200 Schaumburg, IL 60173 P 847,303,5790 F 847.303.5795

**SCHAUMBURG** 

PATIENT: Duiberg, Paul R

HOME: 4646 Aden Court Mcheritry, IL 60051

**EXAM DATE:** 01/06/12

PID: 1002454

CHIEF COMPLAINT: Right forearm pain.

Nurse's Notes: Patient doesn't feel occupation therapy is helping. He complaints of pain/soreness and loss of

strength, MT

Refer red by:

Not Referred By

HPI:

Patient is a 41-year-old male who is right-hand dominant. He was referred by Dr. Karen Levin, MD, neurology, for evaluation of an injury he sustained to his right medial forearm in June of 2011. He apparently was using a chain saw when he accidentally struck the volar medial aspect of his right forearm in roughly the mid forearm range with a chain saw. He had a large open wound down to muscle. He was seen in the emergency department where the wound was debrided and the muscle was sewn together and the skin was closed. He followed up with his primary care provider. He has noted persistent pain which he describes as intermittent and shooting in character radiating from the laceration site. He occasionally has intermittent numbness and tingling in the ring and small finger. He reports grip weakness and no endurance with wrist flexion and gripping. He has not had therapy to date. He did have an EMG/NCS performed by Dr.Levin in August of 2011. Per the patient the study was normal. I saw the patient a proximally one month ago recommended a course of occupational therapy. He has attended one or 2 sessions thus far. I also obtained and the EMG nerve conduction study to review. The patient reports no improvement in symptoms. He thinks that therapy is not helpful. He feels he is getting weaker. He feels burning in the forearm region. He also asked me about disability paperwork.

MEDICAL HISTORY:

MEDICATION:

naproxen (Dosage: 375 mg Tablet, Delayed Release (E.C.) SIG: Take 1 tablet Oral twice

a day Ora! Dispense: 90 Refills: 2)

ALLEFRGIES:

SOCIAL HISTORY

Alcohol - Denies Marital Status: Single

Smoking: current every day smoker

PHYS ICAL EXAM:

Appearance:

No distress. Alert and cooperative.

Skin:

Bilateral upper extremities: no open wounds or skin changes. Well-healed laceration in the

mid forearm region right side ulnar aspect. No evidence of infection.

Neuro:

Bilateral upper extremities: light touch intact all digits, no weakness or wasting.

Focus ed Exam:

Elbow with full and painless motion in the right side. Forearm compartments are soft there is no obvious deformity. He has preserved wrist flexion and extension strength. He can make a full fist and has full extension of all digits. He has no intrinsic or thenar atrophy. He has 5/5 APB and intrinsic strength. He has a negative Froment sign. He does have a positive

Wartenberg sign. FDP to the small finger is 5/5.

**IMAGING:** 

None today.

Report Date: January 10, 2012 Patient: Dulberg, Paul R DOS: 01/06/12

DIAG NOSIS:

906.1-LATE EFFECT OPEN WND EXTREM

PROCEDURES:

99213-ESTABLISHED Expanded, Low Complexity

#### ASSESSMENT & PLAN:

Plan:

I reviewed findings, treatment options, and recommendations with the patient concerning the forearm complaints he has. I reviewed the EMG/NCS which is a normal study. There is no evidence of ulnar nerve injury. Given the location of his injury this is the only significant problem I can imagine from this wound. There is no evidence of any nerve or tendon injury. He may have some residual soreness and some superficial sensory abnormalities but this should improve over time. Our recommendation is simply continued therapy. No need for surgical intervention that I can foresee. Unfortunately do not have anything further to offer the patient at this time. I would be happy to see him back in the future on an as needed basis.

Work Status:

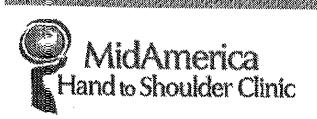
Not applicable.

Marcuis G. Talerico, M.D.

Referred by: Dr. Karen Levin

Other: Tom Malatia(adjuster) and Hans Mast(Attorney)

Fax Created - Dated 1/9/2012 3/15 17 PM



Anton J. Fakhouri, MD, FACS, FICS Gary A. Kronen, MD Paul E. Papierski, MD Taruna Madhav Crawford, MD (Marcus G. Talerico, MD) Jeremy T. Bell, PA-C Thomas M. Hunt, OPA-C, MBA

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**Far** 

1815/445/56

From: Re:

Paul Papierski, MD

Date: 21 June, 2012 9:50 AM

Pages: 3

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Notes:

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So Rocks Golden



Anton J. Fakhouri, MD, FACS, FICS Gary A. Kronen, MD Paul E. Papierski, MD Taruna Madhay Crawford, MD Marcus G. Talerico, MD Beverlee Brisbin, MD Gregory Crovetti, MD Jeremy T. Bell, PA-C Thomas M. Hunt, OPA-C, MBA MBA

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**PALOS HILLS** 10330 S. Roberts Road Palos Hills, IL 60465 P 708,237,7200 F 708.237.7201

LIBERTYVILLE 1419 Peterson Road Libertyville, IL 60048 P 847.247.0547 F 847.247.0540

SCHAUMBURG 1990 East Algonquin Rd. Suite 200 Schaumburg, IL 60173 P 847.303,5790 F 847.303.5795

#### HISTORY & PHYSICAL

PATIENT: Dulberg, Paul

AGE: 41 years old

**EXAM DATE: 12/02/11** 

CHIEF COMPLAINT: Right forearm pain.

HPI:

Patient is a 41-year-old male who is right-hand dominant. He was referred by Dr. Karen Levin, MD, neurology, for evaluation of an injury he sustained to his right medial forearm in June of 2011. He apparently was using a chain saw when he accidentally struck the volar medial aspect of his right forearm in roughly the mid forearm range with a chain saw. He had a large open wound down to muscle. He was seen in the emergency department where the wound is here it at the muscle was sewn together and the skin was closed. He followed up with his primary care provider. He has noted persistent pain which he describes as intermittent and shooting in character radiating from the laceration site. He occasionally has intermittent numbness and tingling in the ring and small finger. He reports grip weakness and no endurance with wrist flexion and gripping. He has not had therapy to date. He did have an EMG/NCS performed by Dr.Levin in August of 2011. Per the patient the study was normal. I do not have that study available at this moment. He currently is not working but is a graphic designer by training. He reports using a computer mouse for 20 minutes causes significant forearm pain.

MEDICATION:

Patient has no current medications.

ALLERGIES:

nkúa

REFERRAL SOURCE: Not Referred By

ILLNESSES:

Arthritis

**OPERATIONS:** 

Ulnar Nerve Transportation: Active

SOCIAL HISTORY:

Alcohol - Denies

Marital Status: Single Smoking: current every day smoker

FAMILY HISTORY:

Diabetes

OCCUPATION:

Graphic Designer

ROS:

1. Head and Neck: 2. Heart:

Lungs; 4. GI: 5. GU:

6. Neuro:

7. Musculoskeletal: 8. Abdomen:

Heme/Lymph: 10. Other:

System reported as normal by patient.

System reported as normal by patient. System reported as normal by patient. System reported as normal by patient. System reported as normal by patient.

As per HPI. As per HPL

System reported as normal by patient. System reported as normal by patient.

**Dulberg 005889** 

Report Date: June 21, 2012 Patient: Dulberg, Paul R DOS: 12/02/11

PHYS ICAL EXAM:

Vitals :

No data for Vitals.

Appearrance: Skin:

No distress, good color on room air. Alert and cooperative. Bilateral upper extremities: no open wounds or skin changes.

Neuro₌:

Bilateral upper extremities: Median, radial and ulnar nerves are motor and sensory intact.

Light touch intact all digits, no weakness or wasting.

Vascu∎lar: Focus∗ed Exam: Bilateral upper extremities: palpable radial pulses and brisk capillary refill.

Examination of his right upper extremity reveals his elbow has normal painless range of motion. No focal tenderness to palpation. Collateral ligaments are stable. His forearm compartments are soft. He has a well-healed transverse laceration on the volar medial mid forearm level. There is no erythema, drainage, or fluctuance at the level of the laceration. There is no tenderness to palpation at the laceration site. There is some apparent muscle incongruity. Distally his hand demonstrates no atrophy. He has 5 out of 5 intrinsic strength.

5 out of 5 APB strength. He can make a full fist with full extension of all digits. He does not demonstrate a clawed posture. He has a negative Froment sign. He has a positive

Wartenberg sign. Wrist flexion and extension is 5 out of 5 strength. He has a palpable FCU

and ECU tendons at the level of the wrist. They have appropriate tension.

**IMAGING:** 

None today.

ASSESSMENT:

DIAGNIOSIS: PROCEDURES: 906.1-LATE EFFECT OPEN WND EXTREM 99203-NEW Detailed, Low Complexity

PLAN: Plan:

I reviewed findings, treatment options, and recommendations with the patient concerning the forearm complaints he has. I would like to see the official report of the EMG/NCS. We will obtain this report. There is no evidence of a complete injury to his ulnar nerve on physical exam. His complaints are likely muscular in origin. He may have some superficial sensory complaints as well. I do not think he needs any surgical intervention at this time. I did recommend and provided him with a prescription for occupational therapy to work on strengthening and conditioning of the forearm muscles. They can also perform some pain control modalities. I would like to see him back in 4-6 weeks' time to see if therapy is of some assistance to him. I will contact him by phone if his EMG is significantly abnormal. Otherwise we will discuss it at the next followup visit. Patient was in agreement with the plan.

Prescription:

No data for Prescription

4. Talemo, Mo

Work Status:

Not applicable.

Marcus G. Talerico, M.D.

Referred by: Dr. Karen Levin Primary Care Physician: Dr. Sek

Other: in/a

Fax Capated \* Dated 12/5/2011/9/13/03 AM-Referency Physician MC

Addetedum - Dated 06/21/12

06/21/1 2 -- Patient clarified that this injury occurred on the above mentioned date but that he was not holding on to the chainsaw. Insteact, he was helping his neighbor by holding a branch and the neighbor was the one cutting the branch with the chainsaw. w



OAKBIROOK TERRACE 1 Tran siAm Plaza Drive, Ste. 460

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SCHAUMBURG 1990 East Algonquin Rd. Ste. 200 Schaumburg, IL 80173 P 847,303,5790 F 847.303.5795

HISTORY & PHYSICAL

PATIENT: Dulberg, Paul

AGE: 41 years old

EXAM DATE: 12/02/11

CHIEF COMPLAINT: Right forearm pain.

HPI:

Patient is a 41-year-old male who is right-hand dominant. He was referred by Dr. Karen Levin, MD, neurology, for evaluation of an injury he sustained to his right medial forearm in June of 2011. He apparently was using a chain saw when he accidentally struck the volar medial aspect of his right forearm in roughly the mid forearm range with a chain saw. He had a large open wound down to muscle. He was seen in the emergency department where the wound is here it at the muscle was sewn together and the skin was closed. He followed up with his primary care provider. He has noted persistent pain which he describes as intermittent and shooting in character radiating from the laceration site. He occasionally has intermittent numbness and tingling in the ring and small finger. He reports grip weakness and no endurance with wrist flexion and gripping. He has not had therapy to date. He did have an EMG/NCS performed by Dr. Levin in August of 2011. Per the patient the study was normal. I do not have that study available at this moment, He currently is not working but is a graphic designer by training. He reports using a computer mouse for 20 minutes causes significant forearm pain.

MEDICATION:

Patient has no current medications.

ALLERGIES:

nkda

REFERIRAL SOURCE: Not Referred By

ILLNES SES:

OPERATIONS:

**Arthritis** 

SOCIAL HISTORY:

Ulnar Nerve Transportation: Active Alcohol - Denies

Marital Status: Single Smoking: current every day smoker

FAMILY HISTORY:

Diabetes

OCCUPATION:

Graphic Designer

ROS:

Head and Neck;

2. Heart:

3. Lungs:

GI: 5. GU:

6. Neuro:

7. Musciuloskeletai:

8. Abdormen:

9. Heme/Lymph:

System reported as normal by patient.

System reported as normal by patient. System reported as normal by patient, System reported as normal by patient,

System reported as normal by patient. As per HPI,

As per HPL

System reported as normal by patient. System reported as normal by patient.

10. Other:

PHYSIC AL EXAM:

Date: June 21, 2012 Patient: Dulberg, Pa DOS: 12/02/11

Vitals:

Skin:

Neuro:

Appearance:

No data for Vitals.

No distress, good color on room air. Alert and cooperative.

Bilateral upper extremities: no open wounds or skin changes.

Bilateral upper extremities: Median, radial and ulnar nerves are motor and sensory intact,

Light touch intact all digits, no weakness or wasting.

Vascular; Bilateral upper extremities: palpable radial pulses and brisk capillary refill. Focused Exam:

Examination of his right upper extremity reveals his elbow has normal painless range of motion. No focal tenderness to palpation. Collateral ligaments are stable. His forearm compartments are soft. He has a well-healed transverse laceration on the volar medial mid forearm level. There is no erythema, drainage, or fluctuance at the level of the laceration. There is no tendemess to palpation at the laceration site. There is some apparent muscle incongruity. Distally his hand demonstrates no atrophy. He has 5 out of 5 intrinsic strength. 5 out of 5 APB strength. He can make a full fist with full extension of all digits. He does not demonstrate a clawed posture. He has a negative Froment sign. He has a positive Wartenberg sign. Wrist flexion and extension is 5 out of 5 strength. He has a palpable FCU

and ECU tendons at the level of the wrist. They have appropriate tension.

IMAGING:

None today,

ASSESSMENT: DIÁGNOSIS: PROCEDURES:

906.1-LATE EFFECT OPEN WND EXTREM 99203-NEW Detailed, Low Complexity

PLAN: Plan:

I reviewed findings, treatment options, and recommendations with the patient concerning the forearm complaints he has. I would like to see the official report of the EMG/NCS. We will obtain this report. There is no evidence of a complete injury to his ulnar nerve on physical exam. His complaints are likely muscular in origin. He may have some superficial sensory complaints as well. I do not think he needs any surgical intervention at this time, I did recommend and provided him with a prescription for occupational therapy to work on strengthening and conditioning of the forearm muscles. They can also perform some pain control modalities. I would like to see him back in 4-6 weeks' time to see if therapy is of some assistance to him, I will contact him by phone if his EMG is significantly abnormal. Otherwise we will discuss it at the next followup visit. Patient was in agreement with the plan.

Prescription:

No data for Prescription

Work Status:

Not applicable.

Marcus G, Talerico, M.D.

Referred by: Dr. Karen Levin Primary Care Physician: Dr. Sek

Other: n/a



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SCHAUMBURG 1990 East Algonquin Rd. Ste. 200 Schaumburg, IL 60173 P 847.303.5790 F 847.303.5795

PATIENT: Dulberg, Paul R

HOME: 4648 Aden Court Mchenry, IL 60051

AGE: 41 years old.

EXAM DATE: 01/06/12

PID: 1002454

CHIEF COMPLAINT: Right forearm pain.

Nurse's Notes: Patient doesn't feel occupation therapy is helping. He complaints of pain/soreness and loss of

strength, MT

Referred by:

Not Referred By

HPI:

Patient is a 41-year-old male who is right-hand dominant. He was referred by Dr. Karen Levin, MD, n eurology, for evaluation of an injury he sustained to his right medial forearm in June of 2011. He a pparently was using a chain saw when he accidentally struck the volar medial aspect of his right forearm in roughly the mid forearm range with a chain saw. He had a large open wound down to muscle. He was seen in the emergency department where the wound was debrided and the muscle was sewn together and the skin was closed. He followed up with his primary care provider. He has noted persistent pain which he describes as intermittent and shooting in character radiating from the laceration site. He occasionally has intermittent numbness and tingling in the ring and small finger. He reports grip weakness and no endurance with wrist flexion and gripping. He has not had therapy to date. He did have an EMG/NCS performed by Dr.Levin in August of 2011. Per the patient the study was normal. I saw the patient a proximally one month ago recommended a course of occupational therapy. He has actended one or 2 sessions thus far. I also obtained and the EMG nerve conduction study to review. The patient reports no improvement in symptoms. He thinks that therapy is not helpful. He feels he is getting weaker. He feels burning in the forearm region. He also asked me about disability paperwork.

MEDICAL HISTORY:

MEDICATION:

**Arthritis** 

naproxen (Dosage: 375 mg Tablet, Delayed Release (E.C.) SIG: Take 1 tablet Oral twice a day Oral Dispense: 90 Refills: 2)

ALLERGIES:

nkda

SOCIAL HISTORY

Alcohol - Denies

Marital Status: Single

Smoking: current every day smoker

PHYSICAL EXAM:

Appearance:

No distress. Alert and cooperative.

Skin:

Neuro:

Bilateral upper extremities: no open wounds or skin changes. Well-healed laceration in the mld forearm region right side ulnar aspect. No evidence of infection,

Focused Exam:

Bilateral upper extremities: light touch intact all digits, no weakness or wasting.

Elbow with full and painless motion in the right side. Forearm compartments are soft there is no obvious deformity. He has preserved wrist flexion and extension strength. He can make a full fist and has full extension of all digits. He has no intrinsic or thenar atrophy. He has 5/5

APB and intrinsic strength. He has a negative Froment sign. He does have a positive

Wartenberg sign. FDP to the small finger is 5/5.

IMAGING:

None today.

PAGE 06/06

Rei Date: June 21, 2012 Patient: Dulberg, Paul R DOS: 01/06/12

DIAGN OSIS: PROCEDURES:

906.1-LATE EFFECT OPEN WND EXTREM

99213-ESTABLISHED Expanded, Low Complexity

#### ASSES SMENT & PLAN:

Plan:

reviewed findings, treatment options, and recommendations with the patient concerning the forearm complaints he has. I reviewed the EMG/NCS which is a normal study. There is no evidence of ulnar nerve injury. Given the location of his injury this is the only significant problem I can imagine from this wound. There is no evidence of any nerve or tendon injury. He may have some residual soreness and some superficial sensory abnormalities but this should improve over time. Our recommendation is simply continued therapy. No need for surgical intervention that I can foresee. Unfortunately do not have anything further to offer the patient at this time. I would be happy to see him back in the future on an as needed

Work Status:

Not applicable.

Marcus G. Talerico, M.D.

Referred by: Dr. Karen Levin Other: Hans Mast(Attorney)

# Fax

| To:      | Hans Mast            | From:                  | Tish                                  |
|----------|----------------------|------------------------|---------------------------------------|
| Fax:     | 8153445280           | Pages:                 | 6 (Including Cover Letter)            |
| Phone:   |                      | Dates                  | 3/26/2012                             |
| <u></u>  |                      | Phone:                 | 847-720-7114                          |
| Re:      | Paul Dulberg         | Fax:                   | 847-720-7344                          |
| 🗆 Urgent | O For Review         | ☐ Please Comment       | ☐ Please Reply ☐ Please Recycle       |
| · Comme  | ents:                |                        |                                       |
| Attached | please find a ladger | for the amount due for | injury sustained by Wr. Paul Duiberg. |

n 4.5

THIS TRANSMISSION IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED, AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW, IF YOU ARE THE READER THIS MESSAGE AND NOT THIS INTENDED RECIPIENT, OR THE EMPLOYEE OF AGENT RESPONSIBLE FOR DELIVERING THE MESSAGE TO THE STRICTLY PROBIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND RECEIVEN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE. THANK YOU

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SCHAUMBURG 1990 East Algonquin Rd, Ste. 200 Schaumburg, IL 80173 P 847.303,5790 F 847.303.5795

HISTORY & PHYSICAL

PATIENT: Dulberg, Paul

AGE: 41 years old

**EXAM DATE: 12/02/11** 

CHIEF COMPLAINT: Right forearm pain.

HPI:

Patient is a 41-year-old male who is right-hand dominant. He was referred by Dr. Karen Levin, MD, neurology, for evaluation of an injury he sustained to his right medial forearm in June of 2011. He apparently was using a chain saw when he accidentally struck the volar medial aspect of his right forearm in roughly the mid forearm range with a chain saw. He had a large open wound down to muscle. He was seen in the emergency department where the wound is here it at the muscle was sewn together and the skin was closed. He followed up with his primary care provider. He has noted persistent pain which he describes as intermittent and shooting in character radiating from the laceration site. He occasionally has intermittent numbness and tingling in the ring and small finger. He reports grip weakness and no endurance with what flexion and gripping. He has not had therapy to date. He did have an EMG/NCS performed by Dr. Levin in August of 2011. Per the patient the study was normal. I do not have that study available at this moment. He currently is not working but is a graphic designer by training. He reports using a computer mouse for 20 minutes causes significant forearm pain.

MEDICATION: ALLERGIES:

Patient has no current medications.

nkda

REFERRAL SOURCE: Not Referred By

ILLNESSES:

**Arthritis** 

OPERATIONS:

Ulnar Nerve Transportation: Active

SOCIAL HISTORY:

Alcohol - Denies Marital Status; Single

Smoking: current every day smoker

FAMILY HISTORY: OCCUPATION:

Diabetes

Graphic Designer

ROS:

1. Head and Neck:

2. Heart:

3. Lungs: 4. GI: 5. GU:

6. Neuro: 7. Musculoskeletal:

8. Abcomen: Herme/Lymph: System reported as normal by patient. System reported as normal by patient.

System reported as normal by patient, System reported as normal by patient. System reported as normal by patient.

As per HPI. As per HPI.

System reported as normal by patient, System reported as normal by patient.

10. Other:

PHYSICAL EXAM:

Report Date: June 21, 2012 Patient: Dulberg, Paul R DOS: 12/02/11

Vitals:

No data for Vitals.

Appearance: Skin:

No distress, good color on room air. Alert and cooperative. Bilateral upper extremities: no open wounds or skin changes.

Neuro:

Bilateral upper extremities: Median, radial and ulnar nerves are motor and sensory intact,

Light touch intact all digits, no weakness or wasting.

Vascular. Focused Exam:

Bilateral upper extremities; palpable radial pulses and brisk capillary refill.

Examination of his right upper extremity reveals his elbow has normal painless range of motion. No focal tenderness to palpation, Collateral ligaments are stable. His forearm compartments are soft. He has a well-healed transverse laceration on the volar medial mid forearm level. There is no erythema, drainage, or fluctuance at the level of the laceration, There is no tendemess to palpation at the laceration site. There is some apparent muscle incongruity. Distally his hand demonstrates no atrophy. He has 5 out of 5 intrinsic strength. 5 out of 5 APB strength. He can make a full fist with full extension of all digits. He does not demonstrate a clawed posture. He has a negative Froment sign. He has a positive

Wartenberg sign. Wrist flexion and extension is 5 out of 5 strength, He has a palpable FCU

and ECU tendons at the level of the wrist. They have appropriate tension.

**IMAGING:** 

None today,

ASSESSMENT: DIAGNOSIS: PROCEDURES:

906.1-LATE EFFECT OPEN WND EXTREM 99203-NEW Detailed, Low Complexity

PLAN: Plan:

I reviewed findings, treatment options, and recommendations with the patient concerning the forearm complaints he has. I would like to see the official report of the EMG/NCS. We will obtain this report. There is no evidence of a complete injury to his ulnar nerve on physical exam. His complaints are likely muscular in origin. He may have some superficial sensory complaints as well. I do not think he needs any surgical intervention at this time, I did recommend and provided him with a prescription for occupational therapy to work on strengthening and conditioning of the forearm muscles. They can also perform some pain control modalities. I would like to see him back in 4-6 weeks time to see if therapy is of some assistance to him. I will contact him by phone if his EMG is significantly abnormal, Otherwise we will discuss it at the next followup visit. Patient was in agreement with the plan.

Prescription:

No data for Prescription

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Work Status:

Not applicable.

Marcus G. Talerico, M.D.

Referred by: Dr. Karen Levin Primary Care Physician: Dr. Sek

Other: n/a

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PATHENT: Dulberg, Paul R

HOME: 4646 Aden Court Mchenry, IL 60051

AGE: 41 years old

EXAM DATE: 01/06/12

PID: 1002454

CHIEF COMPLAINT: Right forearm pain.

Nurs e's Notes: Patient doesn't feel occupation therapy is helping. He complaints of pain/soreness and loss of

Referred by:

Not Referred By

HPI:

Patient is a 41-year-old male who is right-hand dominant. He was referred by Dr. Karen Levin, MD, neurology, for evaluation of an injury he sustained to his right medial forearm in June of 2011. He apparently was using a chain saw when he accidentally struck the volar medial aspect of his right forearm in roughly the mid forearm range with a chain saw. He had a large open wound down to muscle. He was seen in the emergency department where the wound was debrided and the muscle was sewn together and the skin was closed. He followed up with his primary care provider. He has noted persistent pain which he describes as intermittent and shooting in character radiating from the laceration site. He occasionally has intermittent numbness and tingling in the ring and small finger. He reports grip weakness and no endurance with wrist flexion and gripping. He has not had therapy to date. He did have an EMG/NCS performed by Dr.Levin in August of 2011. Per the patient the study was normal. I saw the patient a proximally one month ago recommended a course of occupational therapy. He has attended one or 2 sessions thus far, I also obtained and the EMG nerve conduction study to review. The patient reports no improvement in symptoms. He thinks that therapy is not helpful. He feels he is getting weaker. He feels burning in the forearm region. He also asked me about disability paperwork.

MEDICAL HISTORY;

**Arthritis** 

MEDICATION:

naproxen (Dosage: 375 mg Tablet, Delayed Release (E.C.) SIG: Take 1 tablet Oral twice a day Oral Dispense: 90 Refills: 2)

ALLERGIES:

nkda

SOCIAL HISTORY

Alcohol - Denies

Marital Status: Single

Smoking: current every day smoker

PHYSICAL EXAM:

Appearance:

Skin:

Neuro:

No distress. Alert and cooperative.

Bilateral upper extremities; no open wounds or skin changes. Well-healed laceration in the

mld forearm region right side ulnar aspect. No evidence of infection.

Bilateral upper extremities; light touch intact all digits, no weakness or wasting, Focused Exam:

Elbow with full and painless motion in the right side. Forearm compartments are soft there is no obvious deformity. He has preserved wrist flexion and extension strength, He can make a full fist and has full extension of all digits. He has по intrinsic or thenar atrophy. He has 5/5 APB and intrinsic strength. He has a negative Froment sign. He does have a positive

Wartenberg sign. FDP to the small finger is 5/5.

MAGING:

None today.

Report Date: June 21, 2012 Patient: Dulberg, Paul R DOS: 01/06/12

DIA GNOSIS: PROCEDURES:

906.1-LATE EFFECT OPEN WND EXTREM 99213-ESTABLISHED Expanded, Low Complexity

0473Z1Z043

ASSESSMENT & PLAN:

Plam:

I reviewed findings, treatment options, and recommendations with the patient concerning the forearm complaints he has, I reviewed the EMG/NCS which is a normal study. There is no evidence of ulnar nerve injury, Given the location of his injury this is the only significant problem I can Imagine from this wound. There is no evidence of any nerve or tendon injury. He may have some residual soreness and some superficial sensory abnormalities but this should improve over time. Our recommendation is simply continued therapy. No need for surgical intervention that I can foresee. Unfortunately do not have anything further to offer the patient at this time. I would be happy to see him back in the future on an as needed

Work Status:

Not applicable,

Marcus G. Talerico, M.D.

Referred by: Dr. Karen Levin Other: Hans Mast(Attorney)

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Moraine Emergency Physicians

STATEMENT OF ACCOUNT Statement Date: July 16, 2011

ACCOUNT NUMBER: MNI711179003233

Patient Name: PAUL R DULBERG

Tax ID #: 75-2896896 Account Balance: \$1,346.00 **Amount Pending** 

Insurance: \$0.00 Amount Due From Patient (Current): \$1,346.00

Amount Due From Patient (Past Due): \$0.00

Pay This Amount: \$1,346.00

PLEASE REMIT PAYMENT BY "PAYMENT DUE BY" DATE. THANK YOU. Please refer to coupon below for payment instructions.

վիինդհերիլթիվիկերը մինկնդիկիկերների հուներ

131409-0711179003233-05 #BWNJFDB #00000MN111606478# PAUL R DULBERG 4606 HAYDEN CT MCHENRY IL 60051-7918

| Date                                 | #   | Description                                                                                                                                                                                                               | Charge         | Paid By<br>First Ins. | Paid By<br>Other Ins. | Paid By<br>Patient | Amount<br>Adjusted | Due From<br>Insurance |                      |
|--------------------------------------|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------|-----------------------|--------------------|--------------------|-----------------------|----------------------|
| 06/28/1 <b>1</b><br>06/28/1 <b>1</b> | 1 2 | 99283-25 EMERG INJURY EVAL & MGMT-LVL 3 DX-890.03 DR. FORD/CENTEGRA HOSPITAL MCHENF 12004 WOUND REP 7.6-12.5CM SCALP ETC DX-890.03 DR. FORD/CENTEGRA HOSPITAL MCHENF THIS STATEMENT MAY NOT REFLECT ANY PAYMENTS SERVICE. | \$809.00°<br>Y |                       | Other IIIs.           | ranem              | Adjusted           | Insurance             | \$537.00<br>\$809.00 |
|                                      | 40- | t Messages:                                                                                                                                                                                                               | \$1,346.00     | \$0,00                | \$0.00                | \$0.00             | \$0.00             | \$0,00                | \$1,346.00           |

This state ment is for the direct treatment and/or supervision of care you recently received from an Emergency Physician at Centegra Hospital McHenry. The fees for this private physician are billed separately from any hospital charges or other professional fees for which you may also be responsible. Therefore, should you receive a bill from the hospital or other physicians for charges in connection with this visit, it will not include the items listed on this statement.

"Payment Plans" Accepted Questions about this statement?/Llame de Lunes a Viernes? Call 1-800-355-2470 Monday through Friday 9:30AM - 4:00PM. Your automated system access code is 0230-711179003233, or you can send email to billing questions@emcare.com.

| 91 | 384 | 1-01 | -9426 |
|----|-----|------|-------|
|    | -   |      |       |

◆◆ Please detach and return bottom portion with your remittance.

PAUL R DULBERG 4606 HAYDEN CT MCHENRY IL 60051-7918

YOU MAY PAY THIS BILL WITH YOUR CREDIT CARD PLEAS E SEE REVERSE SIDE.

Make Check/Money Order payable to:

MORAINE EMERGENCY PHYSICIANS **PO BOX 8759** PHILADELPHIA, PA 19101-8759 1 - ս/Մոհուս/Միսուս/Որկելուհելի հեռև հենունել

|   | If your address has changed, check this box. |
|---|----------------------------------------------|
| _ | and complete the reverse side of this form   |

| STATEMEN'       | T OF ACCOUNT  |
|-----------------|---------------|
| Statement Date: | July 16, 2011 |

ACCOUNT NUMBER: MNI711179003233

Patient Name: PAUL R DULBERG

Payment Due By: 08/05/11 Amount Due: \$1,346.00

Amount Enclosed:

Go Green - pay online at www.MyMedicalPayments.com PROMPT PAY DISCOUNTED

BALANCE: \$807.60

Insurance information not on file

40% Discount Offer

In consideration of your uninsured status, we are willing to extend a 40% prompt pay discount.

1314 0907111790032330013460000000000006

**Dulberg 005901** 

Northern Illinois Medical Center

## THE STEERS OF STREET AND SUBSTITUTE 4201 Medical Center Dr McHenry, IL 60050 (815) 338-2544

F/C:LI P/T:EDB

DULBERG, PAUL R

11179-00323

06/28/11 06/28/11 1

APIWAT W FORD

PAUL R DULBERG

601067 PAUL DULBERG/ACCIDENT

4606 HAYDEN CT MCHENRY IL

60051-7918

99999 99999999 12/08/11

| 06/28<br>06/28<br>06/28 | CODE<br>***250<br>000196<br>002870<br>000630 | DESCRIPTION PHARMACY CEFADROXIL MONOH 500MG, CAPSUL HYDROCODONE-AC 10-325MG, TABLE BUPIVACAINE HCL 0. 0.25%, 30 M AREA TOTAL *** | 1<br>1 2 | 9.00<br>7,50<br>6,50<br>3.00 |
|-------------------------|----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------|
| 06/28                   | ***258<br>012251                             | PHARMACY IV SOLUTIONS<br>SODIUM CHLORIDE 0.9% 1000ML IRRIG<br>AREA TOTAL ***                                                     |          | 4.00<br>4.00                 |
| 06/28                   | ***272<br>012458                             | STERILE SUPPLIES TRAY LACERATION AREA TOTAL ***                                                                                  |          | 5.00<br>5.00                 |
| 06/28                   | ***320<br>010135                             | RADIOLOGY<br>FOREARM XR<br>AREA TOTAL ***                                                                                        |          | 5.00<br>5.00                 |
| 06/28<br>06/28          | ***450<br>012004<br>019283                   | EMERGENCY DEPARTMENT<br>REPAIR SIMPLE 12.5 CM<br>ED LEVEL III<br>AREA TOTAL ***                                                  | 1 316    | 1.25<br>0.00<br>1.25         |
| 06/28                   | ***636<br>003507                             | QUANTIFIED DRUGS<br>DIPHTHERIA-PERTUSSIS-TE,.5 ML<br>AREA TOTAL ***                                                              | 1 155    | 5.50<br>5.50                 |
|                         |                                              | TOTAL CHARGES                                                                                                                    | 1,323    | 3.75                         |
|                         |                                              | TOTAL PAYMENTS/ADJUSTMENTS                                                                                                       | C        | 0,00                         |
|                         |                                              |                                                                                                                                  | 1,323    | 3.75                         |
|                         |                                              |                                                                                                                                  | 1,323    |                              |
|                         |                                              |                                                                                                                                  | C        | 00,0                         |

### 4201 Medical Center Dr McHenry, IL 60050 (815) 338-2544

F/C:LI P/T:EDB

DULBERG, PAUL R

11179-00323

06/28/11 06/28/11 1

APIWAT W FORD

PAUL R DULBERG

4606 HAYDEN CT MCHENRY IL

60051-7918

601067 PAUL DULBERG/ACCIDENT

99999 99999999 12/08/11

| CODE | DESCRIPTION                | QTY      |
|------|----------------------------|----------|
|      | 250 PHARMACY               | 53,00    |
|      | 258 PHARMACY IV SOLUTIONS  | 184.00   |
|      | 272 STERILE SUPPLIES       | 125.00   |
|      | 320 RADIOLOGY              | 225.00   |
|      | 450 EMERGENCY DEPARTMENT   | 581.25   |
|      | 636 QUANTIFIED DRUGS       | 155.50   |
|      | TOTAL CHARGES              | 1,323.75 |
|      | TOTAL PAYMENTS/ADJUSTMENTS | 0.00     |

1,323.75

1,323.75

0.00

#### 

4201 Medical Center Dr McHenry, IL 60050 (815) 338-2544

F/C:LI P/T:EDB

DULBERG, PAUL R

11179-00323

06/28/11 06/28/11 1

APIWAT W FORD

PAUL R DULBERG

601067 PAUL DULBERG/ACCIDENT

4606 HAYDEN CT MCHENRY IL

60051-7918

99999 99999999 12/08/11

| CODE | DESCRIPTION Total Charges: | QTY    |
|------|----------------------------|--------|
|      | 250 PHARMACY               | 53.00  |
|      | 258 PHARMACY IV SOLUTIONS  | 184.00 |
|      | 272 STERILE SUPPLIES       | 125.00 |
|      | 320 RADIOLOGY              | 225.00 |
|      | 450 EMERGENCY DEPARTMENT   | 581.25 |
|      | 636 QUANTIFIED DRUGS       | 155.50 |

| Insurance Benefits                                      | 601067<br>COB. 1                  |                  |                      |
|---------------------------------------------------------|-----------------------------------|------------------|----------------------|
| Total Charges<br>Non-Covered Chgs<br>Deductibles/Co-Ins | 1,323.75<br>0.00<br>0. <b>0</b> 0 |                  | Patient              |
| COB/Plan Amt Due                                        | 1,323.75                          |                  | 0.00                 |
| Payments<br>Adjs/Refunds<br>Balance Transfers           | 0.00<br>0.00<br>0.00              |                  | 0.00<br>0.00<br>0.00 |
| Balance Due                                             | 1,323.75                          |                  | 0.00                 |
| Third Party Excess<br>Account Balance                   |                                   | 0.00<br>1,323.75 |                      |

1,323.75

1,323.75

0.00

| PAUL DULBERG,                                                                                                                       | )                    |
|-------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| Plaintiff,                                                                                                                          | ) Case No. 12 LA 178 |
| vs.                                                                                                                                 | ĺ                    |
| DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually, | )<br>)<br>)          |
| Defendants.                                                                                                                         | )                    |

#### **NOTICE OF MOTION**

TO: ATTACHED SERVICE LIST

YOU ARE HEREBY notified that on the 30<sup>th</sup> day of January, 2013, at 9:00 o'clock A.M., or soon thereafter as Counsel may be heard, I shall appear before his Honor, Judge Thomas A. Meyer, in the room usually occupied by him as a Court Room, or in his absence, before any other Judge that may be presiding in said Court Room, in the Courthouse in McHenry County at Rockford, Illinois, and then and there present: Defendants' Motion to Compel; At which time and place you may appear, if you so desire.

Dated: January 25, 2013

CAROLYN MCGUIRE and BILL MCGUIRE, Defendants, by their attorneys, CICERO, FRANCE, BARCH & ALEXANDER, P.C.,

RONALD A. BARCH (6209572)

The undersigned hereby certifies that a copy of the foregoing document was served upon:

Attorney Perry A. Accardo Law Office of M. Gerard Gregoire 200 N. LaSalle St., Ste 2650 Chicago, IL 60601-1092

Attorney Hans A. Mast Law Offices of Thomas J. Popovich 3416 West Elm Street McHenry, IL 60050

| PAUL DULBERG,                            | ) |                    |
|------------------------------------------|---|--------------------|
| Plaintiff,                               | ) | Case No. 12 LA 178 |
| VS.                                      | ) |                    |
| V- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | ) |                    |
| DAVID GAGNON, Individually, and as       | ) |                    |
| Agent of CAROLINE MCGUIRE and BILL       | ) |                    |
| MCGUIRE, and CAROLINE MCGUIRE            | ) |                    |
| and BILL MCGUIRE, Individually,          | ) |                    |
|                                          | ) |                    |
| Defendants.                              | ) |                    |

#### **NOTICE OF MOTION**

TO: ATTACHED SERVICE LIST

YOU ARE HEREBY notified that on the 30<sup>th</sup> day of January, 2013, at 9:00 o'clock A.M., or soon thereafter as Counsel may be heard, I shall appear before his Honor, Judge Thomas A. Meyer, in the room usually occupied by him as a Court Room, or in his absence, before any other Judge that may be presiding in said Court Room, in the Courthouse in McHenry County at Rockford, Illinois, and then and there present: Defendants' Motion for Leave to File Amended Answer and Affirmative Defense; At which time and place you may appear, if you so desire.

Dated: January 25, 2013

CAROLYN MCGUIRE and BILL MCGUIRE, Defendants, by their attorneys, CICERO, FRANCE, BARCH & ALEXANDER, P.C.,

RONALD A. BARCH (6209572)

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served upon:

Attorney Perry A. Accardo Law Office of M. Gerard Gregoire 200 N. LaSalle St., Ste 2650 Chicago, IL 60601-1092

Attorney Hans A. Mast Law Offices of Thomas J. Popovich 3416 West Elm Street McHenry, IL 60050

by depositing the same in the United States Post Office Box addressed as above, postage prepaid, at Rockford, Illinois, at 5:00 o'clock p.m. on  $\frac{1125/13}{125}$ .

| PAUL DULBERG,                                                                                                                       | )           |                    |  |
|-------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------|--|
| Plaintiff,                                                                                                                          | )<br>)<br>) | Case No. 12 LA 178 |  |
| VS.                                                                                                                                 | )           |                    |  |
| DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually, | )           |                    |  |
| Defendants.                                                                                                                         | )           |                    |  |

## McGUIRE DEFENDANTS' MOTION FOR LEAVE TO FILE CROSS-CLAIM FOR CONTRIBUTION

Defendants, BILL McGUIRE and CAROLYN McGUIRE, by and through their attorneys, Cicero, France, Barch & Alexander, PC, hereby moves the Court for an Order granting them leave to file a cross-claim for contribution against Defendant David Gagnon. In support of their Motion, the movants further state as follows:

- 1. On May 15, 2012, Plaintiff PAUL DULBER filed a two count complaint over injuries he attributes to a chainsaw accident that occurred on June 28, 2011.
- 2. Defendants Bill McGuire and Carolyn McGuire owned the residential property upon which the chainsaw accident purportedly occurred. However, neither defendant witnessed the occurrence set forth in Plaintiff's Complaint.
  - 3. On January 24, 2013, Plaintiff Paul Dulberg submitted for a discovery deposition.
- 4. Based upon the deposition testimony of Plaintiff Paul Dulberg, the movants reasonably believe Defendant David Gagnon was guilty of negligence in connection with the occurrence set forth in Plaintiff's complaint.

WHEREFORE, the Defendants, BILL McGUIRE and CAROLYN McGUIRE, pray that the Court enter an Order granting them leave to file a cross-claim for contribution against Defendant

David Gagnon. A copy of the proposed Cross-Claim for Contribution is attached to this motion as Exhibit A.

> CAROLYN MCGUIRE and BILL MCGUIRE, Defendants, by their attorneys, CICERO, FRANCE, BARCH & ALEXANDER, P.C.,

RONALD A. BARCH (6209572)

The undersigned hereby certifies that a copy of the foregoing document was served upon:

Attorney Perry A. Accardo Law Office of M. Gerard Gregoire 200 N. LaSalle St., Ste 2650 Chicago, IL 60601-1092 Attorney Hans A. Mast Law Offices of Thomas J. Popovich 3416 West Elm Street McHenry, IL 60050

| by depositing the same in the United States Po   | st Office Box addressed as above, postage prepaid, |
|--------------------------------------------------|----------------------------------------------------|
| at Rockford, Illinois, at 5:00 o'clock p.m. on _ | 1/25/13                                            |
|                                                  | R                                                  |

| PAUL DULBERG,                                                                                                                       | )           |          |           |
|-------------------------------------------------------------------------------------------------------------------------------------|-------------|----------|-----------|
| Plaintiff,                                                                                                                          | )<br>)<br>) | Case No. | 12 LA 178 |
| vs.                                                                                                                                 | )           |          |           |
| DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually, | ) ) ) )     |          |           |
| Defendants.                                                                                                                         | )           |          |           |

# CROSS-CLAIM FOR CONTRIBUTION AGAINTS CO-DEFENDANT DAVID GAGNON

The Defendants, BILL McGUIRE and CAROLYN McGUIRE, by and through their attorneys, Cicero, France, Barch & Alexander, PC, and for their cross-claim for counterclaim for contribution against Defendant David Gagnon, state as follows:

- 1. Plaintiff PAUL DULBERG has filed a two-count complaint against Defendants David Gagnon, Bill McGuire and Carolyn McGuire seeking damages for injuries he attributes to a chainsaw incident that purportedly occurred on June 28, 2011in the County of McHenry, State of Illinois.
- 2. The chainsaw incident set forth in Plaintiff's Complaint purportedly occurred on a residential parcel owned by Defendants Bill McGuire and Carolyn McGuire.
- 3. Defendants Bill McGuire and Carolyn McGuire were not present in the vicinity of the chainsaw incident when it occurred.
- 4. At the time of the alleged chainsaw incident, Plaintiff PAUL DULBERG was assisting Defendant David Gagnon as Defendant Gagnon was cutting and trimming trees and branches with a chainsaw.
- 5. At said time and place, Defendant David Gagnon owed a duty to exercise reasonable care at all times to avoid causing injury and property damages to others.

- 6. On the date and in the location set forth in Plaintiff's Complaint, the chainsaw being then and there operated by Defendant David Gagnon made contact with the right arm of Plaintiff PAUL DULBERG.
- 7. At the time and place alleged, notwithstanding his aforementioned duty, Defendant David Gagnon was then and there guilty of one or more of the following negligent acts and/or omissions:
  - a. Caused or permitted a chainsaw to make contact with Plaintiff's right arm;
  - b. Failed to operate said chainsaw in a safe and reasonable manner so as to avoid injuring Plaintiff's right arm;
  - c. Failed to maintain a reasonable and safe distance between the chainsaw he was operating and Plaintiff's right arm;
  - d. Failed to properly instruct Plaintiff prior to approaching him with an operating chainsaw;
  - e. Failed to properly warn Plaintiff prior to approaching him with an operating chainsaw;
  - f. Failed to maintain the chainsaw in the idle or off position when he knew or should have known that Plaintiff was close enough to sustain injury from direct contact with the subject chainsaw;
  - g. Failed to maintain a proper lookout for Plaintiff while operating the subject chainsaw;
  - h. Failed to maintain proper control over an operating chainsaw;
  - i. Was otherwise negligent in the operation and control of the subject chainsaw.
- 8. That the injuries alleged by Plaintiff PAUL DULBER, if any, were the direct and proximate result of negligence on the part of Defendant David Gagnon.
- 9. By virtue of those aforesaid actions, Defendant David Gagnon is a joint tortfeasor within the meaning of the Illinois Contribution Among Joint Tortfeasors Act (740 ILCS 100/0.01, et seq.) which was in full force and effect on the date of the occurrence and, as such, the State of

Illinois recognizes the right of contribution among joint tortfeasors.

9. Should the Defendants Bill McGuire and Carolyn McGuire be found liable for the injuries to Plaintiff PAUL DULBERG, Defendants Bill McGuire and Carolyn McGuire are entitled to contribution from Defendant David Gagnon for that portion of the total recoveries, if any, by Plaintiff PAUL DULBERG that the Defendants Bill McGuire and Carolyn McGuire are required to pay in excess of their pro rata share of the liability pursuant to the aforesaid Illinois Contribution Among Joint Tortfeasors Act.

WHEREFORE, the Defendants, BILL McGUIRE and CAROLYN McGUIRE, demand judgment in their favor and against Defendant David Gagnon for any and all sums for which Defendants BILL McGUIRE and CAROLYN McGUIRE may be held liable to Plaintiff PAUL DULBERG, in excess of their pro rata share.

### Defendants Hereby Demands A Trial By Jury

CAROLYN MCGUIRE and BILL MCGUIRE, Defendants, by their attorneys, CICERO, FRANCE, BARCH & ALEXANDER, P.C.,

Ву\_

RONALD A. BARCH (6209572)

The undersigned hereby certifies that a copy of the foregoing document was

served upon:

Attorney Perry A. Accardo Law Office of M. Gerard Gregoire 200 N. LaSalle St., Ste 2650 Chicago, IL 60601-1092

Attorney Hans A. Mast Law Offices of Thomas J. Popovich 3416 West Elm Street McHenry, IL 60050

| PAUL DULBERG,                                                                                                                       | ) |                    |
|-------------------------------------------------------------------------------------------------------------------------------------|---|--------------------|
| Plaintiff,                                                                                                                          | ) | Case No. 12 LA 178 |
| vs.                                                                                                                                 | ) | •                  |
| DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually, | ) |                    |
| Defendants.                                                                                                                         | ) |                    |

#### **NOTICE OF MOTION**

TO: ATTACHED SERVICE LIST

YOU ARE HEREBY notified that on the 30<sup>th</sup> day of January, 2013, at 9:00 o'clock A.M., or soon thereafter as Counsel may be heard, I shall appear before his Honor, Judge Thomas A. Meyer, in the room usually occupied by him as a Court Room, or in his absence, before any other Judge that may be presiding in said Court Room, in the Courthouse in McHenry County at Rockford, Illinois, and then and there present: Defendants' Motion for Leave to File Cross-Claim for Contribution against Defendant David Gagnon; At which time and place you may appear, if you so desire.

Dated: January 25, 2013

CAROLYN MCGUIRE and BILL MCGUIRE, Defendants, by their attorneys, CICERO, FRANCE, BARCH & ALEXANDER, P.C.,

RONALD A. BARCH (6209572)

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Attorney Hans A. Mast Law Offices of Thomas J. Popovich 3416 West Elm Street McHenry, IL 60050

by depositing the same in the United States Post Office Box addressed as above, postage prepaid, at Rockford, Illinois, at 5:00 o'clock p.m. on 1/25/13.

| PAUL DULBERG,                                                                                                                       | )                   |   |
|-------------------------------------------------------------------------------------------------------------------------------------|---------------------|---|
| Plaintiff,                                                                                                                          | ) Case No. 12 LA 17 | 8 |
| Vs.                                                                                                                                 | )                   |   |
| DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually, | )<br>)<br>)         |   |
| Defendants.                                                                                                                         | <b>)</b>            |   |

#### **MOTION TO COMPEL**

Defendants, BILL McGUIRE and CAROLYN McGUIRE, by and through their attorneys, Cicero, France, Barch & Alexander, PC, hereby moves the Court for an Order compelling Defendant David Gagnon to answer Interrogatories and a Request for Production previously propounded upon him. In support of their Motion, the movants further state as follows:

- 1. On September 27, 2012, the Defendants Bill McGuire and Carolyn McGuire served upon the Defendant David Gagnon written interrogatories and a production request to be answered within 28 days.
- 2. On October 29, 2012, during efforts to schedule party depositions, counsel for the movants orally requested Defendant Gagnon's discovery responses. The subject was revisited during Plaintiff Dulberg's deposition on January 24, 2013.
- 3. As of the date of writing, Defendant Gagnon has failed to cooperate in discovery by failing to answer the movant's written interrogatories and production request.

WHEREFORE, the Defendants, BILL McGUIRE and CAROLYN McGUIRE, pray that the Court enter an Order compelling Defendant GAGNON to provide responses to Defendants' written discovery within seven (7) days.

CAROLYN MCGUIRE and BILL MCGUIRE, Defendants, by their attorneys, CICERO, FRANCE, BARCH & ALEXANDER, P.C.,

Bv

RONALD A. BARCH (6209572)

The undersigned hereby certifies that a copy of the foregoing document was served upon:

Attorney Perry A. Accardo Law Office of M. Gerard Gregoire 200 N. LaSalle St., Ste 2650 Chicago, IL 60601-1092

Attorney Hans A. Mast Law Offices of Thomas J. Popovich 3416 West Elm Street McHenry, IL 60050

| PAUL DULBERG,                                                                                                                       | )       |                    |
|-------------------------------------------------------------------------------------------------------------------------------------|---------|--------------------|
| Plaintiff,                                                                                                                          | )       | Case No. 12 LA 178 |
| VS.                                                                                                                                 | )       | <del>-</del>       |
| DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually, | ) ) ) ) |                    |
| Defendants.                                                                                                                         | )       |                    |

#### McGUIRE DEFENDANTS' MOTION FOR LEAVE TO FILE AMENDED ANSWER AND AFFIRMATIVE DEFENSE

Defendants, BILL McGUIRE and CAROLYN McGUIRE, by and through their attorneys, Cicero, France, Barch & Alexander, PC, hereby moves the Court for an Order granting them leave to file an amended answer and affirmative defense to Count I of Plaintiff's complaint. In support of their Motion, the movants further state as follows:

- 1. On May 15, 2012, Plaintiff PAUL DULBER filed a two count complaint over injuries he attributes to a chainsaw accident that occurred on June 28, 2011.
- 2. Defendants Bill McGuire and Carolyn McGuire owned the residential property upon which the chainsaw accident purportedly occurred. However, neither defendant witnessed the occurrence set forth in Plaintiff's Complaint.
  - 3. On January 24, 2013, Plaintiff Paul Dulberg submitted for a discovery deposition.
- 4. Based upon the deposition testimony of Plaintiff Paul Dulberg, the movants reasonably believe Plaintiff Paul Dulberg was guilty of contributory negligence in connection with the occurrence set forth in his complaint.

WHEREFORE, the Defendants, BILL McGUIRE and CAROLYN McGUIRE, pray that the Court enter an Order granting them leave to file an amended answer adding an affirmative defense

of comparative fault. A copy of the proposed Amended Answer and Affirmative Defense is attached to this motion as Exhibit A.

CAROLYN MCGUIRE and BILL MCGUIRE, Defendants, by their attorneys, CICERO, FRANCE, BARCH & ALEXANDER, P.C.,

Ву

RONALD A. BARCH (6209572)

The undersigned hereby certifies that a copy of the foregoing document was served upon:

Attorney Perry A. Accardo Law Office of M. Gerard Gregoire 200 N. LaSalle St., Ste 2650 Chicago, IL 60601-1092

Attorney Hans A. Mast Law Offices of Thomas J. Popovich 3416 West Elm Street McHenry, IL 60050

| PAUL DULBERG,                                                                                                                                         | )                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| Plaintiff,                                                                                                                                            | )<br>Case No. 12 LA 178                                                                        |
| vs.  DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually,  Defendants. | ) AMENDED ANSWER AND AFFIRMATIVE DEFENSE BY DEFENDANTS BILL McGUIRE AND CAROLYN McGUIRE  ) ) ) |

#### **DEFENDANTS' ANSWER**

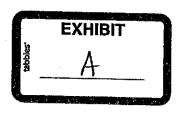
#### ANSWER TO COUNT I

Defendants, BILL McGUIRE and CAROLYN McGUIRE, make no response to Count I of Plaintiff's Complaint inasmuch as said allegations are directed at a separate and distinct Defendant.

### ANSWER TO COUNT II

Defendants, BILL McGUIRE AND CAROLYN McGUIRE (improperly named Caroline), by and through their attorneys, Cicero, France, Barch & Alexander, PC, and for their Answer to Count I of Plaintiff's Complaint, state as follows:

- 1. Defendants admit the allegations of paragraph one (1).
- 2. Defendants admit that on June 28, 2011, they owned and lived in a single family home located at 1016 W. Elder Avenue, City of McHenry, County of McHenry, Illinois. Defendants neither admit nor deny the remaining allegations set forth in paragraph two (2) as said allegations call for the admission of a conclusion of law rather than an allegation of fact.
- 3. Defendants deny the allegations of paragraph three (3).
- 4. Defendants deny the allegations of paragraph four (4).



- 5. Defendants admit that on June 28, 2011, Defendant David Gagnon was engaged in cutting, trimming and maintaining trees and brush on the premises at 1016 W. Elder Avenue, in the City of McHenry, County of McHenry, Illinois. Defendants admit that David Gagnon was doing so at their request, with their authority and permission and for their benefit. Defendants deny the remaining allegations of paragraph five (5).
- 6. Defendants admit that Defendant David Gagnon used a chain saw from time to time on June 28, 2011. Defendants admit that they owned a chain saw on June 28, 2011. Defendants deny the remaining allegations of paragraph six (6).
- 7. Defendants deny the allegations of paragraph seven (7).
- 8. Defendants deny the allegations of paragraph eight (8).
- 9. The answering Defendants were not present and therefore lack sufficient information upon which to form a belief as to the truth of the allegations set forth in paragraph nine (9). Defendants therefore neither admit nor deny said allegations but demand strict proof thereof.
- 10. The answering Defendants were not present and therefore lack sufficient information upon which to form a belief as to the truth of the allegations of paragraph ten (10). Defendants therefore neither admit nor deny said allegations but demand strict proof thereof.
- 11. Defendants deny the allegations of paragraph eleven (11).
- 12. Defendants deny the allegations of paragraph twelve (12).
- 13. The answering Defendants were not present and therefore lack sufficient information upon which to form a belief as to the truth of the allegations of paragraph thirteen (13). Defendants therefore neither admit nor deny said allegations but demand strict proof thereof.
- 14. The answering Defendants were not present and therefore lack sufficient

- information upon which to form a belief as to the truth of the allegations of paragraph fourteen (14). Defendants therefore neither admit nor deny said allegations but demand strict proof thereof.
- 15. Defendants make no response to the allegations set forth in paragraph fifteen (15) as said allegations call for the admission of a conclusion of law rather than an allegation of fact.
- 16. Defendants admit that at all relevant times they owned and lived in the premises that are the subject of Plaintiff's Complaint. Defendants neither admit nor deny the remaining allegations set forth in paragraph sixteen (16) as said allegations call for the admission of a conclusion of law rather than an allegation of fact.
- 17. Defendants make no response to the allegations set forth in paragraph fifteen (15) as said allegations call for the admission of a conclusion of law rather than an allegation of fact.
- 18. Defendants deny the allegations of paragraph eighteen (18).
- 19. Defendants admit that Defendant David Gagnon used a chain saw from time to time on June 28, 2011. The answering Defendants were not present and therefore lack sufficient information upon which to form a belief as to whether Defendant David Dagnon was operating a chain saw with the assistance of Plaintiff Paul Dulberg. Defendants neither admit nor deny the remaining allegations set forth in paragraph nineteen (19) as said allegations call for the admission of a conclusion of law rather than an allegation of fact.
- 20. Defendants make no response to the allegations set forth in paragraph twenty (20) as said allegations call for the admission of a conclusion of law rather than an allegation of fact.
- 21. Defendants deny the allegations of paragraph twenty-one (21).
- 22. Defendants deny the allegations of paragraph twenty-two (22).

WHEREFORE, the Defendants, BILL McGUIRE and CAROLYN McGUIRE, pray the court dismiss Count I of Plaintiff's Complaint and enter judgment for the Defendants for their costs of suit.

#### Defendants Hereby Demand A Trial By Jury

#### **DEFENDANTS' AFFIRMATIVE DEFENSE**

The Defendants, BILL McGUIRE and CAROLYN McGUIRE, by and through their attorneys, Cicero, France, Barch & Alexander, PC, and for their Affirmative Defense to Count II of Plaintiff's Complaint, state as follows:

- 1. That on the date and at the place alleged in the Plaintiff's Complaint, the Plaintiff, PAUL DULBERG, was guilty of negligence by failing to exercise due care and caution for his own safety, in that he:
  - a. Failed to use due care and caution as he assisted Defendant David Gagnon during the trimming and cutting of trees and branches.
  - b. Failed to use due care and caution as he assisted Defendant David Gagnon during the trimming and cutting of trees and branches when he knew and appreciated the dangers associated with chainsaw usage.
  - c. Was inattentive and unobservant to surrounding conditions and dangers as he assisted Defendant David Gagnon during the trimming and cutting of trees and branches.
  - d. Notwithstanding a reasonable opportunity to do so, failed to maintain a safe distance between himself and an operating chainsaw.
  - e. Was otherwise careless and negligent as will be demonstrated by the evidence at trial.
- 2. That by reason of the aforesaid negligence of the Plaintiff, PAUL DULBERG, and as a direct and proximate result thereof, the Plaintiff sustained the damages claimed.
- 3. That pursuant to the Illinois Code of Civil Procedure, Section 5/2-613(d) and Section 5/2-1116, the Complaint of PAUL DULBERG should be dismissed in that the contributory

fault on the part of the Plaintiff was more than 50 percent and, therefore, PAUL DULBERG's Complaint is barred.

4. Or, in the alternative, that any verdict against the Defendants, BILL McGUIRE and CAROLYN McGUIRE, should be reduced in direct proportion to the percentage of PAUL DULBERG's contributory negligence causing his claimed injuries.

WHEREFORE, the Defendants, BILL McGUIRE and CAROLYN McGUIRE, moves this Court for an Order dismissing Count I of Plaintiff's Complaint, costs being assessed to the Plaintiff.

### Defendants Hereby Demand A Trial By Jury

CAROLYN MCGUIRE and BILL MCGUIRE, Defendants, by their attorneys, CICERO, FRANCE, BARCH & ALEXANDER, P.C.,

By \_\_\_\_\_\_\_RONALD A. BARCH (6209572)

| STATE OF ILLINOIS )                                                                               |
|---------------------------------------------------------------------------------------------------|
| COUNTY OF WINNEBAGO )                                                                             |
| RONALD A. BARCH, being first duly sworn on oath, deposes and states that he is one of             |
| the attorneys for the Defendants, BILL McGUIRE and CAROLYN McGUIRE, that he has read the          |
| foregoing Answer signed by him; that the allegations as to insufficient knowledge are true to the |
| best of his knowledge and belief.                                                                 |
| Subscribed and sworn to before me on                                                              |
| Notary Public                                                                                     |

#### **CERTIFICATE OF SERVICE**

The undersigned hereby certifies that a copy of the foregoing document was

served upon:

Attorney Perry A. Accardo Law Office of M. Gerard Gregoire 200 N. LaSalle St., Ste 2650 Chicago, IL 60601-1092

Attorney Hans A. Mast Law Offices of Thomas J. Popovich 3416 West Elm Street McHenry, IL 60050

Cicero, France, Barch & Alexander, P.C. 6323 East Riverside Blvd.
Rockford, IL 61114
815/226-7700
815/226-7701 (fax)

#### STATE OF ILLINOIS IN THE CIRCUIT COURT OF THE 22<sup>ND</sup> JUDICIAL CIRCUIT COUNTY OF McHENRY

| PAUL DULBERG,                                                                                                                                | )                |                    |
|----------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------|
| Plaintiff,                                                                                                                                   | )                | Case No. 12 LA 178 |
| VS,                                                                                                                                          | )                |                    |
| DAVID GAGNON, Individually, and as<br>Agent of CAROLINE MCGUIRE and BILL<br>MCGUIRE, and CAROLINE MCGUIRE<br>and BILL MCGUIRE, Individually, | )<br>)<br>)<br>) |                    |
| Defendants.                                                                                                                                  | )                |                    |

#### NOTICE OF MOTION

TO: Attorney Hans A. Mast
Law Offices of Thomas J. Popovich
3416 West Elm Street
McHenry, IL 60050

Attorney Perry A. Accardo Law Office of M. Gerard Gregoire 200 N. LaSalle Street, Suite 2650 Chicago, IL 60601-1092

YOU ARE HEREBY notified that on the 16<sup>th</sup> day of April, 2014, at 9:00 o'clock A.M., or soon thereafter as Counsel may be heard, I shall appear before his Honor, Judge Thomas A. Meyer, in the room usually occupied by him as a Court Room (#201), or in his absence, before any other Judge that may be presiding in said Court Room, in the Courthouse in McHenry County at Rockford, Illinois, and then and there present: McGuire Defendants' Motion to Vacate Protective Order; At which time and place you may appear, if you so desire.

Dated: January 9, 2014

CAROLYN MCGUIRE and BILL MCGUIRE, Defendants, by their attorneys, CICERO, FRANCE, BARCH & ALEXANDER, P.C.,

Ву

RONALD A. BARCH (6209572)

Cicero, France, Barch & Alexander, PC 6323 East Riverside Blvd. Rockford, IL 61114 815/226-7700

#### **CERTIFICATE OF SERVICE**

The undersigned hereby certifies that a copy of the foregoing document was

served upon:

Attorney Perry A. Accardo Law Office of M. Gerard Gregoire 200 N. LaSalle St., Ste 2650 Chicago, IL 60601-1092

Attorney Hans A. Mast Law Offices of Thomas J. Popovich 3416 West Elm Street McHenry, IL 60050

by depositing the same in the United States Post Office Box addressed as above, postage prepaid, at Rockford, Illinois, at 5:00 o'clock p.m. on April 4, 2014.

Cicero, France, Barch & Alexander, P.C. 6323 East Riverside Blvd. Rockford, IL 61114 815/226-7700 815/226-7701 (fax)

#### STATE OF ILLINOIS IN THE CIRCUIT COURT OF THE 22<sup>ND</sup> JUDICIAL CIRCUIT COUNTY OF McHENRY

| PAUL DULBERG,                                                                                                                       | )                    |
|-------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| Plaintiff,                                                                                                                          | ) Case No. 12 LA 178 |
| VS.                                                                                                                                 | )<br>)               |
| DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually, | )<br>)<br>)<br>)     |
| Defendants.                                                                                                                         | )                    |

## McGUIRE DEFENDANTS' MOTION TO VACATE PROTECTIVE ORDER

Defendants, CAROLYN McGUIRE and BILL McGUIRE, by their attorneys, Cicero, France, Barch & Alexander, PC, herby move this Court to vacate the Protective Order entered on August 8, 2012 and modified on April 3, 2013. In further support of the Motion, Defendants Carolyn and Bill McGuire state as follows:

- 1. On or about May 5, 2012, the Plaintiff, Paul Dulberg, filed a multiple count complaint alleging he suffered injuries as a result of negligence on the parts of David Gagnon, Carolyn McGuire and Bill McGuire. In general, Plaintiff alleges he sustained severe and permanent injuries when a chain saw being operated by David Gagnon made contact with his arm.
- 2. On July 31, 2012, Plaintiff filed a Motion for Protective Order wherein he alleged that Plaintiff's counsel (Attorney Hans Mast) wanted an opportunity to photograph and inspect the subject "chain saw" and any parts, accessories and manual/paperwork pertaining to the saw. In his prayer for relief, Plaintiff requested a protective order declaring the "saw and its parts and

accessories and paperwork/manual be preserved and protected without destruction or loss until further order of this court." A copy of Plaintiff's Motion for Protective Order is attached as "Exhibit A."

- 3. On August 8, 2012, the Court granted Plaintiff's Motion for Protective Order. A copy of the Court's order of August 8, 2012 is attached as "Exhibit B."
- 4. On March 20, 2013, the depositions of Carolyn McGuire and Bill McGuire proceeded with counsel for Plaintiff (Attorney Hans Mast) and counsel for Co-Defendant (Attorney Perry Accardo) present. Prior to the start of the depositions the "chain saw" allegedly involved in the injury to Plaintiff was presented for inspection and photographing. Plaintiff's counsel photographed the chain saw and also photographed the Owner's Manual.
- 5. On April 3, 2013, the Court's protective order was modified to allow the owners to utilize the chain saw and Owner's Manual in the ordinary course. The protective order further directed that the owners shall not sell or discard the chain saw, parts, accessories and associated paperwork without further order of the court. A copy of the Amended Protective Order dated April 3, 2013 is attached as "Exhibit C."
- 6. Subsequent to the entry of the amended protective order the Plaintiff reached a settlement agreement with Carolyn McGuire and Bill McGuire as to all matters in controversy, whereupon the negligence claims and contribution claims against them were dismissed with prejudice. A copy of the Good Faith Finding and Order of Dismissal entered on January 22, 2014 is attached as "Exhibit D."
- 7. With the claims against Carolyn McGuire and Bill McGuire fully resolved, counsel for the McGuires issued a letter to Attorney Mast and Attorney Accardo seeking an agreement to

have the pending protective order vacated. A copy of the February 12, 2014, letter to counsel is attached as "Exhibit E."

8. During a chance meeting in the Winnebago County Courthouse shortly after the February 12 letter issued, Attorney Accardo advised informally that he had no objection to vacating the protective order. Counsel for the McGuires has not heard from Attorney Mast.

9. Counsel for Plaintiff and Counsel for Defendant Gagnon have both had an opportunity to photograph and inspect the subject chain saw. In addition, both attorneys have copies of the Owner's Manual associated with the subject chain saw.

10. The subject chain saw was brand new on the date of Plaintiff's claimed injury and Plaintiff does not allege or claim that he was injured due to a manufacturing defect associated with the subject chain saw.

11. No prejudice will result to Plaintiff or Defendant Gagnon should this Court vacate the Amended Protective Order.

12. No just reason exists to delay the McGuires' request to vacate the Amended Protective Order.

WHEREFORE, the Defendants, Carolyn McGuire and Bill McGuire, respectfully pray this court to vacate the Amended Protective Order dated April 3, 2013.

CAROLYN MCGUIRE and BILL MCGUIRE, Defendants, by their attorneys, CICERO, FRANCE, BARCH & ALEXANDER, P.C.,

Bv

RONALD A. BARCH (6209572)

### **CERTIFICATE OF SERVICE**

The undersigned hereby certifies that a copy of the foregoing document was served upon:

Attorney Perry A. Accardo Law Office of M. Gerard Gregoire 200 N. LaSalle St., Ste 2650 Chicago, IL 60601-1092

Attorney Hans A. Mast Law Offices of Thomas J. Popovich 3416 West Elm Street McHenry, IL 60050

by depositing the same in the United States Post Office Box addressed as above, postage prepaid, at Rockford, Illinois, at 5:00 o'clock p.m. on HHH.

Cicero, France, Barch & Alexander, P.C. 6323 East Riverside Blvd. Rockford, IL 61114 815/226-7700 815/226-7701 (fax)

## IN THE CIRCUIT COURT FOR THE TWENTY-SECOND JUDICIAL CIRCUIT MCHENRY COUNTY, ILLINOIS

| PAUL DULBERG.                                                                                                                      | )                |           | McHenry Control Illinois                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Plaintiff.                                                                                                                         | )                |           | JUL 3   2012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| vs.                                                                                                                                | )<br>No.         | 12 LA 178 | Name of the factor Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Charles of the Ch |
| DAVID GAGNON, Individually, and as Agent of CAROLINE McGUIRE and BILL McGUIRE and CAROLINE McGUIRE and BILL McGUIRE, Individually. | )<br>)<br>)<br>) |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Defendants.                                                                                                                        | )<br>)           |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

### PLAINTIFF'S MOTION FOR PROTECTIVE ORDER

NOW COME the Plaintiff, PAUL DULBERG, by and through his attorneys, LAW OFFICES OF THOMAS J. POPOVICH, P.C. and for his Motion for Protective Order to preserve and protect the "chain saw" involved in the underlying occurrence along with all parts and accessories and manual/paperwork, and states as follows:

- 1. This suit arises from injuries suffered by the Plaintiff, PAUL DULBERG, on June 28, 2011, when he was negligently struck by a "chain saw" operated by DAVID GAGNON while working on behalf and/or at the request of the Defendants, CAROLINE McGUIRE and BILL McGUIRE at their premises at 1016 W. Elder Avenue, in the City of McHenry, County of McHenry, Illinois.
- 2. Plaintiff's counsel would like an opportunity to photograph and inspect the subject "chain saw" and any parts, accessories and manual/paperwork pertaining to the saw and moves that this court order the "saw and its parts and accessories and paperwork/manual be preserved and protected without destruction or loss until further order of this court."



WHEREFORE, the Plaintiff, PAUL DULBERG, respectfully moves this Court to enter a protective order against the Defendants, their agents, employees, staff and/or representatives and any others under it's control, and it's attorneys, to preserve and protect the chain saw and its parts and accessories and paperwork/manual, from any destruction, alterations, modifications, or other changes from its condition as presently exists, until further order of the court and to present the saw and its parts etc within 30 days hereof to the Plaintiff's counsel for inspection and photographing.

Respectfully Submitted:

Hans A. Mast, Attorney for Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH, P.C.

3416 W. Elm Street McHenry, IL 60050 815/344-3797

ARDC: #06203684

St Mani-DULHERG, PALICAMotions Motion for Protective Order 7-24-12 wpp.

| ٠               | IN THE CIR COURT OF THE TWENTY-SECON: DICIAL CIRCUIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                |
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| Plaint          | Circuit Clerk U  AUG - 8 2012  Circuit Clerk U  ORD ORDJ ORDDW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |
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| Defend          | Clerk of the Circuit Court Court Court Court Court Court Court Case Number 12 64 178                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <del></del> -  |
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|                 | ORDER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |
| <del>[-</del> - | Plaintiff(s) appear in person/by attorney 1. (1997) Water / Paper Victor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |
| <u> </u>        | Defendant(s) appear in person/by attorney from Barrell                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |
|                 | Summons not served; alias summons to issue; return date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | . 20           |
|                 | Summons has been properly served on Defendant(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |
| LJ              | Defendant(s) appear and admit liability. Judgment for Plaintiff(s) against Defendant(s) for \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |
| <del></del>     | plus interest of \$ plus attorney fees of \$ for a total of \$ plus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | s court costs. |
|                 | Defendant(s), having failed to appear or otherwise respond to the summons, is found in default. Judgetic for the summons is found in default.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | rment for      |
|                 | Plaintiff(s) against Defendant(s) for \$, plus interest of \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ,              |
|                 | plus attorney fees of \$ for a total of \$ plus court costs.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                |
|                 | Case set for trial arbitration on, 20 atm. in Court                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Toom           |
|                 | Defendant(s) shall file an Appearance within days of today's date, or without further No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | tice to        |
|                 | Defendant(s), the trial date will be stricken and a judgment by default will be entered against Defend                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ant(e) and in  |
|                 | favor of Plaintiff(s).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | and of and in  |
|                 | NOTICE TO DEFENDANT(S): THIS IS THE ONLY NOTICE YOU WILL RECEIVE OF T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | OF TOTAT       |
|                 | OR ARBITRATION DATE AND YOUR OBLIGATION TO FILE AN APPEARANCE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | IL INIAL,      |
|                 | Defendant(s) shall file an answer or other pleading within days of today's day                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | to             |
| QÍ              | This case is continued on Motion of Plaintiff; Defendant: By Agreement 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Towns.         |
|                 | to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ⊴ Court;       |
|                 | Case called, Plaintiff(s) fail to appear. Case dismissed for Plaintiff's failure to prosecute.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | •              |
|                 | Case dismissed with/without prejudice on Plaintiff's motion.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                |
|                 | After trial of this case, the Court enters a Judgment for Plaintiff(s) against Defendant(s) for \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |
|                 | plus interest of \$ plus attorney fees of \$ for a total of \$ plu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | e court costa  |
|                 | After trial of this case, the Court enters a Judgment for Defendant(s) against Plaintiff(s).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | s court costs. |
|                 | COURT FURTHER ORDERS: Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market M | .9             |
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| Date:_          | EXHIBIT / Some A. Me                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Per            |
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Dulberg 005940

| STATE OF ILLINOIS<br>COUNTY OF MCHENI | RY SS FILED MoHenry County, Illinoi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | GEN. NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| Date                                  | Plaintiff's  Attorney                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Defendant's Brightness and Control Co.  Attorney Control Co.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| Attorney for:                         | EXHIBIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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# STATE OF ILLINOIS IN THE CIRCUIT COURT OF THE 22<sup>ND</sup> JUDICIAL CIRCUIT COUNTY OF McHENRY

| PAUL DULBERG,                                                                                                                       | )                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Plaintiff,                                                                                                                          | ) Case No. 12 LA 178 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| vs.                                                                                                                                 | )                    | ٠                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually, |                      | FILED McHenry County, Minols  JAN 2 2 2014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Defendants.                                                                                                                         | )                    | The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s |

#### GOOD FAITH FINDING AND ORDER OF DISMISSAL

THIS CAUSE coming on to be heard on the Motion for Good Faith Finding and for Order of Dismissal with Prejudice filed by Defendants Bill McGuire and Carolyn McGuire, and the Court being fully advised in the premises,

#### IT IS HEREBY ORDERED, ADJUDGED AND DECREED:

- 1. That settlement between Plaintiff Paul Dulberg and Defendants Bill McGuire and Carolyn McGuire (improperly named Caroline) constitutes a fair and reasonable and good faith settlement within the meaning of the Illinois Joint Tortfeasor Contribution Act, 740 ILCS 0.01 et seq.
- 2. That the good faith settlement shall henceforth constitute a bar to any and all claims that Plaintiff Paul Dulberg and Defendant David Gagnon and other known or unknown tortfeasors may have against Defendants Bill McGuire and Carolyn McGuire on account of or arising out of the injuries, if any, sustained by Plaintiff Paul Dulberg as a result of the alleged chain saw accident that occurred on June 28, 2011, whether by way of original action, third party claim, cross-claim, counterclaim, claim for contribution or otherwise.

- 3. That Defendants Bill McGuire and Carolyn McGuire be and are hereby dismissed from the above-captioned lawsuit as party defendants and cross-claimants, with prejudice, and in bar of further suit.
- 4. That that there is no just reason to delay the enforcement or appeal of this good faith finding and order of dismissal.

| DATED: |  |
|--------|--|
|        |  |

JUDGE Thomas A. Meyer

Prepared by: Ronald A. Barch Cicero, France, Barch & Alexander, PC 6323 East Riverside Blvd. Rockford, IL 61114 815/226-7700

### CICERO, FRANCE, BARCH & ALEXANDER, P.C.

A Professional Corporation Attorneys at Law 6323 EAST RIVERSIDE BOULEVARD ROCKFORD, ILLINOIS 61114

PAUL R. CICERO
JOHN W. FRANCE
RONALD A. BARCH
CHARLES P. ALEXANDER

February 12, 2014

TEL: (815) 226-7700 FAX: (815) 226-7701

C HANTEL R. BIELSKIS ANDREW T. SMITH

> Attorney Hans A. Mast Law Offices of Thomas J. Popovich, PC 3416 West Elm Street McHenry, IL 60050

Attorney Perry A. Accardo Law Office of Steven A. Lihosit 200 N. LaSalle Street, Suite 2550 Chicago, IL 60601

Case:

Paul Dulberg v. David Gagnon, Caroline McGuire and Bill McGuire (McHenry County Case No. 12 LA 178)

Dear Counsel:

With my departure from the case I feel compelled to address the subject of the chain saw that was involved in Mr. Dulberg's injury. Early on in the case a protective order was entered which prohibited Mr. and Mrs. McGuire from destroying or otherwise disposing of the chain saw and any associated documentation. The primary purpose behind the order of protection was to preserve the chainsaw and associated documentation until such time that Plaintiff's counsel could inspect and photographs same.

On March 20, 2013, the chain saw and owner's manual were made available for inspection and photographing. Plaintiff's counsel inspected and photographed the chainsaw. Plaintiff's counsel also secured a photocopy of the owner's manual.

On April 3, 2013, the protective order was modified to allow the Plaintiffs to use the subject chainsaw, owner's manual and associated paperwork in the ordinary course. The order further provides, however, that the owners may not destroy, dispose of, or sell the items without further order of the court.

Given the above, I am concerned about the possibility of a spoliation claim in the event the McGuires destroy, dispose of, or otherwise sell the chainsaw following my departure from the case. Please advise in writing whether you believe there is any reason to maintain the protective order as it currently exists. If not, I believe it makes sense to have the April 3, 2013 version of the protective order vacated.

I look forward to hearing from both of you at your earliest convenience.



Very truly yours,

RONALD A. BARCH

RB:mj\44ltr.OC Encl.

CCTom Malatia (13-2779-11)

# STATE OF ILLINOIS IN THE CIRCUIT COURT OF THE 22<sup>ND</sup> JUDICIAL CIRCUIT COUNTY OF McHENRY

| PAUL DULBERG,                                                                                                                       | )       |                    |
|-------------------------------------------------------------------------------------------------------------------------------------|---------|--------------------|
| Plaintiff,                                                                                                                          | )       | Case No. 12 LA 178 |
| vs.                                                                                                                                 | )       |                    |
| DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually, | ) ) ) ) |                    |
| Defendants                                                                                                                          | )       |                    |

#### NOTICE OF MOTION

TO: ATTACHED SERVICE LIST

YOU ARE HEREBY notified that on the 22<sup>nd</sup> day of January, 2014, at 9:00 o'clock A.M., or soon thereafter as Counsel may be heard, I shall appear before his Honor, Judge Thomas A. Meyer, in the room usually occupied by him as a Court Room (#201), or in his absence, before any other Judge that may be presiding in said Court Room, in the Courthouse in McHenry County at Rockford, Illinois, and then and there present: Defendant Bill McGuire and Defendant Carolyn McGuire's Motion for Good Faith Finding and for Order of Dismissal with Prejudice; At which time and place you may appear, if you so desire.

Dated: January 9, 2014

CAROLYN MCGUIRE and BILL MCGUIRE, Defendants, by their attorneys, CICERO, FRANCE, BARCH & ALEXANDER, P.C.,

By \_\_\_\_\_\_\_RONALD A. BARCH (6209572)

Attorney Ronald A. Barch Cicero, France, Barch & Alexander, PC 6323 East Riverside Blvd. Rockford, IL 61114 815/226-7700

#### **CERTIFICATE OF SERVICE**

The undersigned hereby certifies that a copy of the foregoing document was

served upon:

Attorney Perry A. Accardo Law Office of M. Gerard Gregoire 200 N. LaSalle St., Ste 2650 Chicago, IL 60601-1092 Attorney Hans A. Mast Law Offices of Thomas J. Popovich 3416 West Elm Street McHenry, IL 60050

by depositing the same in the United States Post Office Box addressed as above, postage prepaid, at Rockford, Illinois, at 5:00 o'clock p.m. on \_\_\_\_\_\_\_\_.

Cicero, France, Barch & Alexander, P.C. 6323 East Riverside Blvd. Rockford, IL 61114 815/226-7700 815/226-7701 (fax)

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## NORTHWEST COMMUNITY HOSPITAL ARLINGTON HEIGHTS, ILLINOIS

MLS: 55233

DD: Wed Mar 10 12:03:00 2004 CST DT: Wed Mar 10 18:23:44 2004 EST

JN: 27810

DSC OPERATIVE REPORT

DATE OF OPERATION: 03/10/2004

PREOPERATIVE DIAGNOSIS: Recurrent left ulnar neuritis at the cubital tunnel with ulnar nerve subluxation.

POSTOPERATIVE DIAGNOSIS: Recurrent left ulnar neuritis at the cubital tunnel with ulnar nerve subluxation.

PROCEDURE: Revision of left ulnar neurolysis at the cubital tunnel with anterior transposition.

SURGEON: Scott D. Sagerman, MD

ASSISTANT: John R. Ruder, MD

ANESTHESIA: General.

COMPLICATIONS: None.

TOURNIQUET TIME: 1 hour and 10 minutes.

OPERATIVE FINDINGS: The patient developed symptomatic ulnar nerve subluxation at the cubital tunnel with recurrent ulnar neuritis following previous cubital tunnel release surgery. Exploration revealed marked irristability of the ulnar nerve which easily subluxated anterior to the medial epicondyle with elbow flexion. Scar formation was present surrounding the ulnar nerve within the cubital tunnel.

TECHNIQUE: Consent was signed by the patient, and he was taken to the operating room. General anesthesia was given. The left arm was prepped and draped sterilely. A sterile tourniquet was applied to the upper arm and inflated following exsanguination of the limb.

DULBERG, PAUL R
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0001307925
Room#:
Scott D. Sagerman, MD
DSC OPERATIVE REPORT
cc: Scott D. Sagerman MD, John R. Ruder, MD
DICTATOR COPY for Scott D. Sagerman, MD

Page 1 of 2

#### DSC OPERATIVE REPORT, continued

The previous longitudinal scar over the cubital tunnel was incised at the posteromedial aspect of the elbow, and the incision was extended proximally and distally in longitudinal fashion for additional exposure. Under loupe magnification, the subcutaneous tissue was dissected. The branches of the medial antebrachial cutaneous nerve were identified, dissected, and retracted safely. The skin flaps were elevated, and the ulnar nerve was exposed.

Neurolysis was performed to mobilize the ulnar nerve from surrounding scar tissue. The release was carried proximally and to the upper arm. The medial intermuscular septum was excised. The arcade of Struthers were absent. The release was then carried distally into the flexor/pronator musculature. The aponeurosis was divided to mobilize the ulnar nerve. The articular branch had to be divided to allow adequate mobility of the ulnar nerve for anterior transposition. Small horizontal vessels were ligated and divided, preserving the longitudinal blood supply to the ulnar nerve.

The ulnar nerve was then transposed to the medial epicondyle, assuring a straight line course of the nerve. There was no kinking of the nerve either proximally or distally. The transposition was then stabilized using submuscular flap. The flexor/pronator muscle fascia was incised to create a Z-plasty, permitting lengthening of the muscle fascia. The muscle fibers were then divided, with ligation of perforating vessels. The ulnar nerve was placed in the submuscular position, maintaining a thin layer of muscle fibers deep to the nerve. The fascia was then reapproximated in a lengthened position using 3-0 Vicryl sutures, maintaining the ulnar nerve in the transposed position without excessive tension on the nerve. The elbow was taken through a range of motion, and the nerve showed excellent gliding with no visible angulation of the nerve.

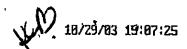
The field was irrigated with antibiotic solution. One free end of a cutaneous nerve branch was identified. This was placed deep to the medial arm fascia which was sutured with Vicryl, to prevent symptomatic neuroma formation.

The subcutaneous tissue was reapproximated with buried 5-0 Vicryl sutures, and the skin edges were reapproximated with 5-0 nylon sutures. A sterile bulky gauze dressing was applied followed by posterior plaster splint to maintain the elbow in a flexed position. The patient was awoken, extubated, and transported to the recovery room in stable condition. He tolerated the procedure well. There were no complications.

| Scott D. Sagerman, MD |  |
|-----------------------|--|

DULBERG, PAUL R
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0001307925
Room #:
Scott D. Sagerman, MD
DSC OPERATIVE REPORT
Scott D. Sagerman MD, John R. Ruder, MD
DICTATOR COPY for Scott D. Sagerman, MD

Page 2 of 2





#### **OPERATIVE REPORT**

Preoperative Diagnosis: Left cubital tunnel syndrome.

Postoperative Diagnosis: Same.

Operation Performed: Left cubital tunnel release.

Surgeon: Scott Sagerman, M.D.

Anesthesia: General. Complications: None.

Tourniquet Time: 38 minutes.

OPERATIVE FINDINGS: The left ulner nerve showed obvious constriction at the distal aspect of the cubital tunnel beneath the cubital tunnel ligaments. The ligament was thickened with several bands of deep layers over the area of nerve compression. The floor of the cubital tunnel was clear. The ulnar nerve did subjuxate slightly over the medial epicondyle at end range of flexion. There was no arcade of Struthers.

PROCEDURE: Consent was signed by the patient, taken to the operating room, general anesthesia was administered. The left arm was prepped and draped sterilely. A tourniquet was inflated on the upper arm following exsangulaation of the limb. A longitudinal incision was made over the cubital tunnel at the posteromedial aspect of the left elbow. Under loupe magnification the subcutaneous tissues dissected, superficial veins were ligated with bipolar cautery. Branches of the medial interprachial cutaneous nerve were identified. These were dissected and gently retracted safely using a vessel loop. The fascia was incised proximal to the cubital tunnel to expose the ulnar nerve. The nerve was dissected distally by dividing the cubital tunnel ligament, until the nerve entered the flexor/pronator fascia of the proximal forearm. The fascia was incised distally and motor branches of the ulnar nerve were seen with normal pedneural fat at this level. Proximally, the nerve was dissected by dividing the arm fascia for a distance of 10 cm proximal to the epicondyle.

The ulnar nerve was inspected, adhesions around the nerve were divided with gentle blunt dissection. The nerve was noted to be constricted at the distal aspect of the cubital tunnel. Following neurolysis, tendon gliding was found to be satisfactory with elbow motion. No other areas of nerve compression were seen.

The field was irrigated with antibiotic solution. The vessel loop was removed. The subcutaneous tissues were reapproximated with 5-0 Vicryl undyed buried sutures. The skin edges were reapproximated with 5-0 and 6-0 nylon sutures. A starile bulky compressive dressing was applied. The tourniquet was deflated, circulation returned to the left hand with normal capillary refili. The patient was

**OPERATIVE REPORT** 

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10/28/2003 Disch: 592683 - SUR DULBERG, PAUL Scott Sagerman, M.D.

LAKE FOREST HOSPITAL

Page 1 of 2

awoken and transported to the recovery room in stable condition. The patient tolerated the procedure well, there were no complications.

Scott Sagerman, M.D.

SS/jmt

D: 10/28/2003

T: 10/29/2003 14:52:37

cc: Scott Sagerman, M.D., < Dictator>

Mitchell Grobman, M.D.

**OPERATIVE REPORT** 

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Page 2 of 2

592683 DULBERG, PAUL Scott Sagerman, M.D.

LAKE FOREST HOSPITAL

#### NORTHWEST COMMUNITY HOSPITAL ARLINGTON HEIGHTS, ILLINOIS

MLS: 55235

DD: Tue Mar 09 20:02:00 2004 CST DT: Wed Mar 10 02:12:39 2004 EST

JN: 27318

PREOPERATIVE HISTORY AND PHYSICAL

DATE OF ADMISSION: 03/10/2004 12:00 AM EST

**DATE OF BIRTH: 03/19/70** 

DATE OF SURGERY: 03/10/04

HISTORY OF PRESENT ILLNESS: The patient is a 33-year-old male who reports symptoms of left medial elbow pain and intermittent paresthesias due to ulnar neuritis decubitus tunnel. Previously he underwent decubital tunnel release surgery in October of 2003 which resulted in some improvement in his symptoms, however, due to persistent symptoms he is now being admitted for additional surgery.

PAST MEDICAL HISTORY: Negative.

MEDICATIONS: Naproxen.

ALLERGIES: None.

HABITS: Smoking history is positive.

FAMILY HISTORY: Noncontributory.

PHYSICAL EXAMINATION:

VITAL SIGNS: Stable.

LUNGS: Clear.

HEART: Rate is regular.

EXTREMITIES: The left elbow shows healed surgical scar across the cubital tunnel. Range of motion is satisfactory. Circulation and sensation are intact distally. There is ulnar nerve subluxation at the cubital tunnel and paresthesias with flexion and extension of the elbow. Circulation and sensation are intact distally.

DULBERG, PAUL R 000034432104 0001307925 Room#: Scott D. Sagerman, MD PREOPERATIVE HISTORY AND PHYSICAL

cc: Scott D. Sagerman MD

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Page 1 of 2

#### PREOPERATIVE HISTORY AND PHYSICAL, continued

X-rays of the left elbow are negative.

IMPRESSION: Left ulnar neuritis at the cubital tunnel with nerve subluxation.

TREATMENT PLAN: Repeat neurolysis left ulnar nerve with anterior transposition. Surgery scheduled under general anesthesia in Day Surgery. The patient understands the risks, benefits and possible complications of surgery and requests to proceed.

Scott D. Sagerman, MD

DULBERG, PAUL R
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Room #:
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PREOPERATIVE HISTORY AND PHYSICAL
Scott D. Sagerman MD
DICTATOR COPY for Scott D. Sagerman, MD

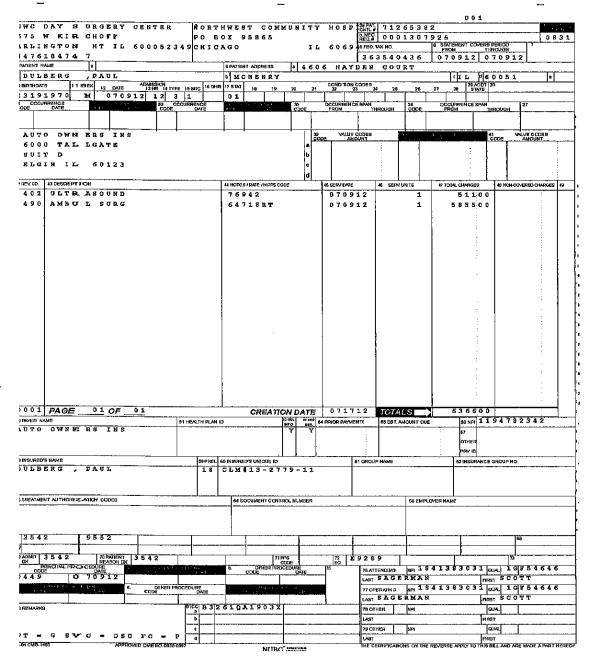
Page 2 of 2

Northwest Community Hospital

|                 |                 |                       | *****                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 |               |                 |                                 |                                 |                       |
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| ADDRESS         | мсненя          | A IF 900              | 51                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 | ļ.,           | <u></u>         |                                 |                                 |                       |
| į               |                 |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |               | AGERMAN,        | SCOTT D                         | MD                              |                       |
| r. 5 07         | e innazi        |                       | :999rii: /91107                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | - Agend Permi   |               |                 | The second of the second        | A management of the             | <del>Lacadas ES</del> |
|                 | mings <b>Pt</b> | ease hetur            | in this por                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TION WITH YO    | JR PAYMENT,   | Çili (Kirinera) |                                 | INT OF S                        |                       |
| TE OF           | DESCAIR         | 146                   | SERVICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | TOTAL           | EST, COVERAGE | EST. COVERAGE   |                                 |                                 | j, irlirmiyyyl        |
| FIVICE          | HOSPITAL        | SERVICES              | CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | CHARGES         | INS CO NO 1   | INS. CO. NO. 2  | EST. COVERAGE<br>INS. CO. NO. S | EST, COVERAGE<br>INS. CO. NO. 4 | PATIENT<br>AMOUN      |
|                 |                 |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |               |                 | i                               |                                 |                       |
| 09 00           | 1 NEURO         | SWT OHAR              | GES, PAY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MENTS AND       | ADJUSTME      | нтв             |                                 | !                               |                       |
|                 |                 | BERVE R               | EPAIR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 3817.00         |               |                 | 1                               |                                 | 1559<br>3817          |
| 09 00           | 1 BLOCK         | SUPRACL               | AVICULAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 479.00          |               | 1               | ļ                               |                                 | 479                   |
| 09 00           | 1 US EC         | но стрк               | FOR BIO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 511.00          |               |                 |                                 |                                 | 511                   |
|                 |                 |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |               | ł               |                                 |                                 | 1                     |
| LANCE           | FORWAR          | D                     | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 0.00            |               |                 |                                 | ]                               |                       |
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| W W A 0 V       | 0 F (10 B       | RENT CHA              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |               | ŀ               |                                 |                                 |                       |
|                 |                 | KENT CHA<br>NG ROOM   | RCES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 5855.00         |               | !               |                                 | [                               | 5855                  |
| I .             | IMAGING         |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 511.00          |               | •               |                                 | /                               | 511                   |
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| B - TOT         | AT OF C         | URR. CHA              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 6366.00         |               | į.              | İ                               | j ;                             |                       |
| 1               |                 | our. Chr              | нцяв                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 6366.00         | 1             | j               | i                               |                                 | 6366                  |
|                 |                 |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | i               |               |                 |                                 | ]                               |                       |
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| l               |                 |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |               |                 | i                               |                                 |                       |
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| ŀ               |                 |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |               | 1               |                                 |                                 |                       |
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|                 | THIE I          | 8 тиж ок              | LY ITEMI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ZED BILL        | YÖN WILL      |                 |                                 |                                 |                       |
|                 |                 |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FOR YOUR        |               |                 |                                 |                                 |                       |
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|                 |                 | 47-61B-4              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | LOR, PLEA       | D &           |                 | ]                               | l I                             |                       |
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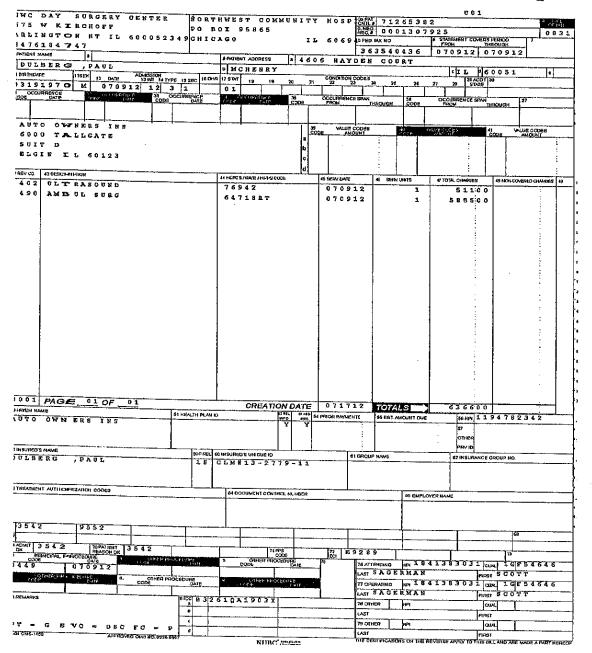


DULBERG, PAUL R

Northwest Community Hospital

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| GOTE               | ia <sub>Se</sub> te žigini |            | A          |                        |                | FEX 6          | 3 5 2          | 3403                                    | 13           |           |                            |          |                       |                 | 119/70             | 1                                            |
| s                  |                            | PATH       | ENT NAME   |                        |                | Р              | ATIFNT NUM     | IBER SE                                 | X AGE        | MOA       | SSION DATE                 | DISCH    | ARGE DATE             | DAYS            | <u></u>            |                                              |
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| <u> </u>           | <u></u>                    |            | Park Carp. | LECTION.               |                | a              | 7,1,2,5,5      | 3.8.2                                   | м. А.        | 0.7       | /09/12                     | COMP.    | Sulph inter           |                 | : netr             | rangeride (                                  |
| GUARANT            | 1                          |            |            |                        |                |                |                |                                         | 1            | G.O.6.    | INSURA                     | NCE COM  | PANY NAME             | GROUP HUMBE     | R POI              | LICY NUMBER                                  |
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| AND                |                            |            |            | EN CC                  |                |                |                |                                         |              |           |                            |          |                       |                 |                    |                                              |
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| 100 m              | San Second                 | or 150,000 | duction.   | *************          | Carles 7       | 5 - 74 - 14-51 |                | 77. mar 22                              |              | щĩL       | SAGERM                     |          | SCOTT                 | D MI            | )                  |                                              |
| Section.           | 35-58 O14                  | · · · p    | FASI       | PETIN                  | M TU           | ic papi        | JOH KM         | PIEVA                                   | 1000 00 00 0 |           | ជាត្រូវក្សាក្រ<br>- បាន    |          | anada idi             | AMOUNT OF       | \$                 | <u>:                                    </u> |
| Seedid.            |                            |            |            | n jarahan sasi         | 17 111         | io r on        | ION W          | ייייייייייייייייייייייייייייייייייייייי | H PA         | MENI      |                            |          | Carranga)<br>Carranga | PAYMENT         | 1                  | <del></del>                                  |
| DATE OF<br>BERVICE |                            | DESCR      | PYIONO     | F                      | 8              | ERVICE         | 10             | TAL                                     | EST, C       | OVERAGE   | - hours                    |          | EST COVE              | NARF   FRT C    | XXVERAGE           | PATIENT                                      |
|                    | <del> </del>               | nual IA    | L SERVIC   | ES                     | .J             | CODE           | CHAI           | ROES                                    | INS. C       | 0. NO. 1  | INS. CO                    | NO. 2    | INS, CO. N            | 0.3 #NS.        | CO. HO. 4          | ANOUNT                                       |
| DETAI              | l                          |            |            |                        |                |                | l              |                                         | Ì            |           |                            |          |                       | ļ               |                    |                                              |
| 7/09               |                            | HEDR       | RENT       | CRAE                   | GES            | , PAY          |                |                                         | ADJ          | OSTM      | ENTS                       |          |                       | İ               |                    | 1                                            |
| 7/09               |                            |            |            | RVE B                  |                | <b>7</b> D     | 1589<br>3817   |                                         | l            |           | 1                          |          |                       | Į               |                    | 1589,00                                      |
| 7/09               | 001                        | BLOC       | R , S U    | PRACT                  | AVI            | CULAR          |                | .00                                     |              |           |                            |          |                       | - 1             |                    | 3817.00                                      |
| 7/09               | 001                        | បន 🗈       | Сно        | GUIDE                  | PO             | R BIO          | 511            | . 00                                    |              |           | 1                          |          |                       | 1               |                    | 479.0<br>511.0                               |
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|                    | i                          |            |            |                        |                |                | ł              |                                         | 1            |           |                            |          |                       |                 |                    | }                                            |
| BALAN              | C F                        | OHMY       | R D        |                        | •              |                | 0              | .00                                     |              |           | i                          |          |                       | 1               |                    |                                              |
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| SUMMA              | BY o                       |            |            |                        |                | _              | l              |                                         | }            |           | Ì                          |          |                       | - 1             |                    |                                              |
|                    | 0.0                        | ERAT       | ING        | ROOM                   | · a c L        |                | 5855           |                                         | ]            | ,         | ſ                          |          | l                     |                 |                    |                                              |
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| SUB-T              | OTAL                       | OF         | CURR       | . сна                  | RECE           | s              | 6366           | .00                                     | 1            |           | ł                          |          | 1                     |                 |                    | 6366,04                                      |
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| i                  | , a                        | ND Y       | מיווס.     | O HAY                  | 7 E 7          | SELF<br>NSURA  | PAY X          | S LI                                    | STED         | ,         |                            |          | }                     |                 |                    | 1                                            |
| J                  | .                          | ALL        | 847-       | 618-                   | 747            | . a J KA       | . 06,          | A P E Y                                 | P 15         |           |                            |          | ]                     | -               |                    | !                                            |
|                    |                            | 7 mg 2     |            |                        | 20             |                | <del> </del> - |                                         |              |           | <del></del>                |          | <u> </u>              |                 |                    | <u> </u>                                     |
| THATEL             | F HAME                     |            | PLEASE F   | HEFER TO P             | ATIENT         | 3 1            | 63 ADA         | опина п                                 | ATIENT S     | HLLING 1  | AY BE NECES                | SARV FO  | <u> </u>              | <u> </u>        |                    | 6366.0                                       |
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|                | Anesthesiology Services by Dr. S. SINGH for Dr. S. Sagerman                                                                                          | in gradit With Albert                           |     |                                    |
| 07/09/2012     | CPT Code: 64718<br>Billed To Potient                                                                                                                 | 13180035                                        |     | \$1,365.0                          |
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| i lease call          | our office with au                                  | uestions concern                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Insurance Pen | \$0.00     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |                         |                    |
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| ACCOUNT CONDITIONS                                              | CURRENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 30 DAYS       | 60 DAYS       | 90 DAYS        | 120 DAYS      |            |                               |                            |   |
| CONDITONS                                                       | \$1,365.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$0.00        | \$0.00        | \$0.00         | \$0.00        |            |                               |                            |   |
| This is a hill                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |               | Total Balance  |               | \$1,365.00 | ]                             |                            |   |
| Please call                                                     | This is a bill for services not included on your Hospital bill.  Please call our office with questions concerning your bill.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |               |               |                | Insurance Pen |            | \$0.00                        |                            |   |
| If payment has been made please disregard this bill. Thonk you. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |               | Amount You     | Owe           | \$1,365.00 | J                             |                            |   |

Make Checks Payable To: Northwest Suburban Anesthesiologist Ltd Call 1-800-709-2715

For Billing Questions Call 1-800-709-2715 (En Español 1-888-850-1446) Mon - Fri 8:00AM to 7:30PM ET Dulberg 005966



| STATE OF ILLINOIS | )    |
|-------------------|------|
|                   | ) SS |
| COUNTY OF MCHENRY | )    |

## IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUDICIAL DISTRICT McHENRY COUNTY, ILLINOIS

PAUL DULBERG,

Plaintiff(s),

CASE NO. 12LA000178

VS.

DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually,

Defendant(s).

#### NOTICE OF TAKING DEPOSITION(S)

PLEASE TAKE NOTICE that the undersigned attorney will take the deposition of:

NAME:

David Gagnon

DATE:

Wednesday, October 31, 2012

TIME:

1:00 p.m.

PLACE:

Q & A Reporting Service

7115 Virginia Road

Suite 105

Crystal Lake, Illinois, 60014

YOU ARE HEREBY requested pursuant to ILSC Rule 204 to produce the above listed deponent for the purpose of discovery deposition at the above listed time and place before Merrill Legal Solution, certified shorthand court reporters, or some other office duly authorized by law to take depositions.

The deponents are requested, pursuant to Illinois Supreme Court Rule 204, to produce the following documents and/or tangible things at the aforesaid time and place:

Any and all documents disclosed in Plaintiff's answers to interrogatories and response to Defendant's request for production of documents.

I HEREBY CERTIFY that on September 5, 2012 , a true and correct copy of the foregoing Notice of Taking Deposition was mailed to:

Hans A. Mast Law Offices of Thomas J. Popovich, P.C. 3416 W Elm St McHenry IL 60050

Attorney for Plaintiff(s) Paul Dulberg

Cicero, France, Barch & Alexander PC 6323 East Riverside Blvd Rockford, IL 61114

Attorney for Co-Defendants, Caroline and Bill McGuire

LAW OFFICE OF M/GERARD GREGOIRE

200 N LaSalle St Ste 2650 Chicago, IL 60601/1092

Telephone: 312-588-982

By:

PERRY A ACCARDO

Firm No. 46878

Attorney for Defendant(s):

#### ANSWER:

18. State the name and address of any physician, ophthalmologist, optician or other health care professional who performed any eye examination of you within the last five years and the dates of each such examination.

#### **ANSWER:**

19. State the name and address of any physician or other health care professional who examined and/or treated you within the last 10 years and the reason for such examination and/or treatment.

#### ANSWER:

- 20. Pursuant to Illinois Supreme Court Rule 213(f), provide the following:
  - (a) List the name(s) and address(s) of each lay witness(s) and identify the subjects on which the witness(s) will testify;
  - (b) List the name(s) and address(s) of each independent witness(s) and identify the subjects on which the witness(s) will testify and the opinions the party expects to elicit;
  - (c) List the name(s) and address(s) of each controlled expert witness(s) and identify:
    - (i) The subject matter on which the witness(s) will testify;
    - (ii) The conclusions and opinions of the witness(s) and the bases therefore;
    - (iii) The qualifications of the witness(s), and
    - (iv) Any reports prepared by the witness(s) about the case.

### **ANSWER:**

21. List the names and addresses of all other persons (other than yourself and persons heretofore listed) who have knowledge of the facts of the occurrence and/or of the injuries and damages claimed to have resulted therefrom.

### **ANSWER:**

22. Identify any statements, information and/or documents known to you and requested by any of the foregoing interrogatories which you claim to be the work product or subject to any common law or statutory privilege, and with respect to each interrogatory, specify the legal basis for the claim as required by Illinois Supreme Court Rule 201(n).

#### ANSWER:

Under penalties as provided by law pursuant to 735 ILCS 5/1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that he/she verily believes the same to be true.

BILL MCGUIRE

| PAUL DULBERG, Plaintiff,                                                                                                                        | )       | Case No. 12 LA 178                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---------|------------------------------------------|
| VS.                                                                                                                                             | )       |                                          |
| DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually, Defendants. | ) ) ) ) | NOTICE OF DEPOSITIONS (for Records Only) |
| TO: Attorney Hans A. Mast Law Offices of Thomas J. Popovich 3416 West Elm Street McHenry, IL 60050                                              |         | Mode                                     |

YOU ARE HEREBY NOTIFIED that on September 19, 2012, at 9:00 A.M. at 6323 East Riverside Blvd., Rockford, IL 61114, the depositions of the Medical Records Custodians of MidAmerica Orthopaedics, 755 South Milwaukee Avenue, Libertyville, IL 60048-3266; MidAmerica Hand to Shoulder Clinic, 1419 Peterson Road, Libertyville, IL 60048; Associated Neurology, S.C., 1900 Hollister Drive, Suite 250, Libertyville, IL 60048; Centegra Northern Illinois Medical Center, 4201 Medical Center Drive, McHenry, IL 60050; and Dr. Frank Sek, 4606 West Elm Street, McHenry, IL 60050, will be taken for discovery in this case.

## THERE WILL BE NO INTERROGATION OF THE DEPONENT.

RONALD A. BARCH (6209572)

Cicero, France, Barch & Alexander, P.C. 6323 East Riverside Blvd.
Rockford, IL 61114
815/226-7700 fax: 815/226-7701

### CERTIFICATE OF SERVICE

I certify that on September 4, 2012, I served this notice by mailing a copy to each person to whom it is directed.

| COUNTI                                                                                                                                           | OT. IMPOUTDING I                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| PAUL DULBERG, Plaintiff, vs.                                                                                                                     | ) Case No. 12 LA 178<br>)                                                                                                                       |
| DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually,  Defendants. | ) ) ) ) SUBPOENA FOR DEPOSITION ) (for Records Only) )                                                                                          |
| TO: Release of Information/Medical Records c/o Associated Neurology, S.C. 1900 Hollister Drive, Suite 250 Libertyville, IL 60048                 | Custodian                                                                                                                                       |
| YOU ARE COMMANDED to appear 6323 East Riverside Blvd., Rockford, Illinois 61                                                                     | to give your deposition before a notary public a 114, on September 19, 2012, at 9:00 A.M.                                                       |
| 100105 The and illedical statements for service                                                                                                  | produce the following: The complete medica seepertaining to the care and treatment of PAUI 06 to the present date, exclusive of x-ray films, in |
| TROVIDED TO ATTORNEY RONALD A.                                                                                                                   | ANDATORY IF SAID DOCUMENTS ARE BARCH ON OR BEFORE SEPTEMBER 18 APPEAR IN RESPONSE TO THIS SUBPOENA R CONTEMPT OF THIS COURT.                    |
| ATTORNEY RONALD A. BARCH 6323 East Riverside Blvd. Rockford, IL 61114 815/226-7700 815/226-7701 (fax)                                            | CERO, FRANCE, BARCH & ALEXANDER, PC<br>(:                                                                                                       |
| I served the subpoena by mailing a copy<br>Neurology, S.C. on September 4, 2012. I paid th                                                       | to the Medical Records Custodian c/o Associated e witness \$20.00 for witness fees.                                                             |
| Carle Colary                                                                                                                                     | RONALD A. BARCH  DEFICIAL SEAL LENE M JOHNSON  UBLIC-STATE OF LUCKS  MISSION EXPLRES OF LACKS                                                   |

| PAUL DULBERG, Plaintiff,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | )<br>Case No. 12 LA 178                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| VS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | )                                                                                                                                                         |
| DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually, Defendants.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SUBPOENA FOR DEPOSITION  (for Records Only)                                                                                                               |
| TO: Release of Information/Medical Records c/o Centegra Northern Illinois Medical C 4201 Medical Center Drive McHenry, IL 60050                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | s Custodian<br>Center                                                                                                                                     |
| YOU ARE COMMANDED to appear 6323 East Riverside Blvd., Rockford, Illinois 61                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | to give your deposition before a notary public a 114, on September 19, 2012, at 9:00 A.M.                                                                 |
| records the and medical statements for service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | o produce the following: The complete medica es pertaining to the care and treatment of <b>PAUI</b> 006 to the present date, exclusive of x-ray films, in |
| PROVIDED TO ATTORNEY RONALD A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | IANDATORY IF SAID DOCUMENTS ARE<br>BARCH ON OR BEFORE SEPTEMBER 18<br>APPEAR IN RESPONSE TO THIS SUBPOENA<br>R CONTEMPT OF THIS COURT.                    |
| David Color Riverside Blyd.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ICERO, FRANCE, BARCH & ALEXANDER, PC<br>Y:RONALD A. BARCH (6209572)                                                                                       |
| I served the subpoena by mailing a cop<br>Northern Illinois Medical Center on September 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | by to the Medical Records Custodian c/o Centegra<br>4, 2012. I paid the witness \$20.00 for witness fees.                                                 |
| Signed and sworn to before me on September 4, 2012.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | RONALD A. BARCH                                                                                                                                           |
| MARLET CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONT | ICIAL SEAL<br>IS V JOHNSON                                                                                                                                |
| (Notary Public)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | LIC. STATE OF ILLINOIS SION EXPIRES 1075743                                                                                                               |

| PAUL DULBERG, Plaintiff,                                                                                                                        | ) Case No. 12 LA 178                                                                                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| vs.                                                                                                                                             |                                                                                                                                                     |
| DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually, Defendants. | ) ) ) ) SUBPOENA FOR DEPOSITION ) (for Records Only) )                                                                                              |
| TO: Release of Information/Medical Records c/o Dr. Frank Sek 4606 West Elm Street McHenry, IL 60050                                             | Custodian                                                                                                                                           |
| YOU ARE COMMANDED to appear 6323 East Riverside Blvd., Rockford, Illinois 61                                                                    | to give your deposition before a notary public at 114, on September 19, 2012, at 9:00 A.M.                                                          |
| records file and medical statements for service                                                                                                 | o produce the following: The complete medical es pertaining to the care and treatment of PAUL 006 to the present date, exclusive of x-ray films, in |
| PROVIDED TO ATTORNEY RONALD A                                                                                                                   | IANDATORY IF SAID DOCUMENTS ARE BARCH ON OR BEFORE SEPTEMBER 18, APPEAR IN RESPONSE TO THIS SUBPOENA R CONTEMPT OF THIS COURT.                      |
| 0323 East Riverside Blvd.                                                                                                                       | Y: RONALD A. BARCH (6209572)                                                                                                                        |
| I served the subpoena by mailing a cop<br>Sek on September 4, 2012. I paid the witness \$2                                                      | by to the Medical Records Custodian c/o Dr. Frank 20.00 for witness fees:                                                                           |
| MARLENE M JOHNS                                                                                                                                 | RONALD A. BARCH ON ILLINOIS 9/29/13                                                                                                                 |

| PAUL DULBERG, Plaintiff,                                                                                                                        | ) Caro No. 12 I A 179                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| i minii,                                                                                                                                        | ) Case No. 12 LA 178                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| VS.                                                                                                                                             | )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually, Defendants. | SUBPOENA FOR DEPOSITION  (for Records Only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| TO: Release of Information/Medical Records c/o Mid America Hand to Shoulder Clin 1419 Peterson Road Libertyville, IL 60048                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| YOU ARE COMMANDED to appear 6323 East Riverside Blvd., Rockford, Illinois 61                                                                    | to give your deposition before a notary public at 114, on September 19, 2012, at 9:00 A.M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| records file and medical statements for service                                                                                                 | o produce the following: The complete medical test pertaining to the care and treatment of PAUL 006 to the present date, exclusive of x-ray films, in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| PROVIDED TO ATTORNEY RONALD A                                                                                                                   | MANDATORY IF SAID DOCUMENTS ARE BARCH ON OR BEFORE SEPTEMBER 18, APPEAR IN RESPONSE TO THIS SUBPOENA CONTEMPT OF THIS COURT.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 6323 East Riverside Blvd.                                                                                                                       | ICERO, FRANCE, BARCH & ALEXANDER, PC. Y: RONALD A. BARCH (6209572)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| I served the subpoena by mailing a copy<br>Hand to Shoulder Clinic on September 4, 2012.                                                        | to the Medical Records Custodian c/o Mid America<br>I paid the witness \$20,00 for witness fees.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Signed and sworn to before                                                                                                                      | RONALD A. BARCH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| me on September 4, 2012.                                                                                                                        | in the second second                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Calo Calanda MARLI                                                                                                                              | A COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE |
| (Notary Public) MY COMMI                                                                                                                        | ENE M JOHNSON BLIC - STATE OF ILLINOIS SSION FYDIOS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

| PAUL DULBERG,                                                 | )                                                    |
|---------------------------------------------------------------|------------------------------------------------------|
| Plaintiff,                                                    | ) Case No. 12 LA 178                                 |
|                                                               | )                                                    |
| vs.                                                           | )                                                    |
| DAVID CACNON L. P. 11                                         | )                                                    |
| DAVID GAGNON, Individually, and as                            | )                                                    |
| Agent of CAROLINE MCGUIRE and BILL                            | )                                                    |
| MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually, | ) SUBPOENA FOR DEPOSITION                            |
| Defendants.                                                   | ) (for Records Only)                                 |
| Defendants.                                                   | )                                                    |
|                                                               |                                                      |
| TO: Release of Information/Medical Records                    | Custodian                                            |
| c/o Mid America Orthopaedics                                  |                                                      |
| 755 South Milwaukee Avenue                                    |                                                      |
| Libertyville, IL 60048-3266                                   |                                                      |
|                                                               |                                                      |
| YOU ARE COMMANDED to appear                                   | to after my 1 12 1 0                                 |
| 6323 East Riverside Blvd., Rockford, Illinois 611             | to give your deposition before a notary public a     |
| === ==== === =========================                        | 114, on September 19, 2012, at 9:00 A.M.             |
| YOU ARE COMMANDED ALSO to                                     | produce the following: The complete medica           |
| records life and medical statements for service               | as nertaining to the care and treatment of DATH      |
| DULBERG (B/D: 3/19/70) from January 1, 20                     | 06 to the present date, exclusive of x-ray films, in |
| your possession or control.                                   | , , , , , , , , , , , , , , , , , , , ,              |
| VOUD ADDEAD ANCE IS NOT TO                                    |                                                      |
| PROVIDED TO ATTORNEY DONALD A                                 | ANDATORY IF SAID DOCUMENTS ARE                       |
| 2012. AT 5:00 PM VOLD EALLIDE TO                              | BARCH ON OR BEFORE SEPTEMBER 18                      |
| WILL SUBJECT YOU TO PUNISHMENT FOR                            | APPEAR IN RESPONSE TO THIS SUBPOENA                  |
| WIDE SOURCE TOO TO TONISHIVIENT FOR                           | R CONTEMPT OF THIS COURT,                            |
|                                                               |                                                      |
| ATTORNEY RONALD A. BARCH CI                                   | CERO, FRANCE, BARCH & ALEXANDER, PC                  |
| 0323 East Riverside Blvd.                                     |                                                      |
| Rockford, IL 61114 By                                         | $\alpha: \qquad \boxtimes S$                         |
| 815/226-7700 815/226-7701 (fax)                               | RONALD A. BARCH (6209572)                            |
| I controd the gulpoons by well-                               |                                                      |
| Orthopaedics on September 4, 2012. I paid the v               | to the Medical Records Custodian c/o Mid America     |
| or september 4, 2012. I paid the v                            | viness \$20.00 for winess fees.                      |
|                                                               |                                                      |
| Signed and sworn to before                                    | RONALD A. BARCH                                      |
| me on September 4, 2012.                                      |                                                      |
| OFE                                                           | CIAL SEAL                                            |
| MARLENE MOTARY                                                | M JOHNSON &                                          |
| (Notary Public)                                               | M JOHNSON STATE OF ILLINOIS                          |

A Professional Corporation
Attorneys at Law
6323 EAST RIVERSIDE BOULEVARD
ROCKFORD, ILLINOIS 61114

PAUL R. CICERO
JOHN W. FRANCE
RONALD A. BARCH
CHARLES P. ALEXANDER

TEL: (815) 226-7700 FAX: (815) 226-7701

September 4, 2012

CHANTEL R. BIELSKIS ANDREW T. SMITH

Release of Information/Medical Records Custodian c/o Associated Neurology, S.C. 1900 Hollister Drive, Suite 250 Libertyville, IL 60048

Re:

Paul Dulberg v. Carolyn McGuire and Bill McGuire

McHenry County Case No. 12 LA 178 Records of: Paul Dulberg (B/D: 3/19/70)

Dear Medical Records Custodian:

Enclosed with this letter is a Subpoena for Deposition, a HIPAA Records Release Authorization and a check in the amount of \$20.00, the legal witness fee.

Please be advised that your appearance on the date indicated is <u>not</u> necessary. You may comply with the subpoena by mailing legible copies of all medical records, <u>medical statements for services</u> and medical reports of Paul Dulberg for the dates requested in the subpoena, in your possession or subject to your control.

Please note that we represent Carolyn McGuire and Bill McGuire in this case and not your patient. Since we do not represent the patient, we cannot discuss the substance of your care or the pending lawsuit with you outside the presence of your patient's attorney. If you have questions about how to comply with the subpoena, you may call my secretary, but neither she nor I can talk to you about any aspect of the lawsuit or the patient's medical treatment. Thank you in advance for your professional cooperation.

Very truly yours,

Cicero, France, Barely & Alexander, P.C.

RONALD A. BARCH

RB:mj/subltr.records encls.

cc:

Attorney Hans A. Mast

A Professional Corporation
Attorneys at Law
6323 EAST RIVERSIDE BOULEVARD
ROCKFORD, ILLINOIS 61114

PAUL R. CICERO
JOHN W. FRANCE
RONALD A. BARCH
CHARLES P. ALEXANDER

September 4, 2012

TEL: (815) 226-7700 FAX: (815) 226-7701

CHANTEL R. BIELSKIS ANDREW T. SMITH

> Release of Information/Medical Records Custodian c/o Centegra Northern Illinois Medical Center 4201 Medical Center Drive McHenry, IL 60050

> > Re:

Paul Dulberg v. Carolyn McGuire and Bill McGuire

McHenry County Case No. 12 LA 178 Records of: Paul Dulberg (B/D: 3/19/70)

Dear Medical Records Custodian:

Enclosed with this letter is a Subpoena for Deposition, a HIPAA Records Release Authorization and a check in the amount of \$20.00, the legal witness fee.

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Very truly yours,

Cicero, France, Baron & Alexander, P.C.

RONALD A. BARCH

RB:mj/subltr.records

encis.

Attorney Hans A. Mast

A Professional Corporation Attorneys at Law 6323 EAST RIVERSIDE BOULEVARD ROCKFORD, ILLINOIS 61114

PAUL R. CICERO
JOHN W. FRANCE
RONALD A. BARCH
CHARLES P. ALEXANDER

TEL: (815) 226-7700 FAX: (815) 226-7701

September 4, 2012

CHANTEL R. BIELSKIS ANDREW T. SMITH

> Release of Information/Medical Records Custodian c/o Dr. Frank Sek 4606 West Elm Street McHenry, IL 60050

> > Re:

Paul Dulberg v. Carolyn McGuire and Bill McGuire

McHenry County Case No. 12 LA 178 Records of: Paul Dulberg (B/D: 3/19/70)

Dear Medical Records Custodian:

Enclosed with this letter is a Subpoena for Deposition, a HIPAA Records Release Authorization and a check in the amount of \$20.00, the legal witness fee.

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Very truly yours,

Cicero, France, Barch & Alexander, P.C.

RONALD A. BARCH

RB:mj/subltr.records

encls,

cc: Attorney Hans A. Mast

A Professional Corporation Attorneys at Law 6323 EAST RIVERSIDE BOULEVARD ROCKFORD, ILLINOIS 61114

PAUL R. CICERO
JOHN W. FRANCE
RONALD A. BARCH
CHARLES P. ALEXANDER

TEL: (815) 226-7700 FAX: (815) 226-7701

September 4, 2012

CHANTEL R. BIELSKIS ANDREW T. SMITH

> Release of Information/Medical Records Custodian c/o MidAmerica Hand to Shoulder Clinic 1419 Peterson Road Libertyville, IL 60048

> > Re:

Paul Dulberg v. Carolyn McGuire and Bill McGuire

McHenry County Case No. 12 LA 178 Records of: Paul Dulberg (B/D: 3/19/70)

Dear Medical Records Custodian:

Enclosed with this letter is a Subpoena for Deposition, a HIPAA Records Release Authorization and a check in the amount of \$20.00, the legal witness fee.

Please be advised that your appearance on the date indicated is <u>not</u> necessary. You may comply with the subpoena by mailing legible copies of all medical records, <u>medical statements for services</u> and medical reports of Paul Dulberg for the dates requested in the subpoena, in your possession or subject to your control.

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Very truly yours,

Cicero, France, Barch & Alexander, P.C.

RONALD A. BARCH

RB:mj/subltr.records

encls.

cc:

Attorney Hans A. Mast

## IN THE CIRCUIT COURT FOR THE TWENTY-SECOND JUDICIAL CIRCUIT McHENRY COUNTY, ILLINOIS

| PAUL DULBERG,                                                                                                                      | ) .         |     |           |
|------------------------------------------------------------------------------------------------------------------------------------|-------------|-----|-----------|
| Plaintiff,                                                                                                                         | )<br>)<br>` |     |           |
| vs.                                                                                                                                | )<br>)      | No. | 12 LA 178 |
| DAVID GAGNON, Individually, and as Agent of CAROLINE McGUIRE and BILL McGUIRE and CAROLINE McGUIRE and BILL McGUIRE, Individually, | )<br>)<br>) |     |           |
| Defendants.                                                                                                                        | )<br>}      |     |           |

#### NOTICE OF DISCOVERY DEPOSITIONS

TO: Ronald A. Barch Cicero, France, Barch & Alexander, PC 6323 E. Riverside Blvd. Rockford, IL 61114

YOU ARE HEREBY NOTIFIED that on AUGUST 30, 2012, we shall for the purpose of discovery, take the depositions of

Bill McGuire at 12:00 P.M.; and Caroline McGuire at 1:00 P.M.

at the LAW OFFICES OF THOMAS J. POPOVICH, P.C., 3416 W. Elm Street, McHenry, IL, upon oral interrogatories, as though under cross examination, pursuant to the provisions of the Civil Practice Act and Rules of the Supreme Court.

This Notice is served upon you in conformity with the above-named Act and Rules and is intended to require the presence of the party, identified herein, at said time and place. It is requested that each party or counsel advise the undersigned attorney in writing 72 hours prior to the deposition should the witness require an interpreter for the English language.

#### CERTIFICATE OF SERVICE

I certify that I served this Notice by mailing a copy to each person to whom it is directed at the address above indicated by depositing it in the U.S4Mail at McHenry, IL 60050, on June 25, 2012 with proper postage prepaid.

HANS A. MAST, Attorney for Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH, P.C.

3416 West Elm Street McHenry, IL 60050 815-344-3797 Attorney No. 6203684

S:\Main\DULBERG, PAUL\Discovery\Notice of Def's Dep. 6-19-12.wpd

## SUMMONS - 30 DAY IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUDICIAL CIRCUIT McHENRY COUNTY, ILLINOIS

| (Na me all parties)                                                                                                                                                                                                                                          | Y COUNTY, ILLINOIS                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PAUL DULBERG,                                                                                                                                                                                                                                                |                                                                                                                                                                              |
| -AOL DOLBERG,                                                                                                                                                                                                                                                |                                                                                                                                                                              |
|                                                                                                                                                                                                                                                              |                                                                                                                                                                              |
| Plaintiff(s)                                                                                                                                                                                                                                                 |                                                                                                                                                                              |
| Vs.                                                                                                                                                                                                                                                          | Casa Number 12LA1)8                                                                                                                                                          |
| DAVID GAGNON, Individually, and as                                                                                                                                                                                                                           | Case Number / O L / ) / )                                                                                                                                                    |
| Agent of CAROLINE MCGUIRE and BILL                                                                                                                                                                                                                           | Amount Claimed \$_50,000.00+                                                                                                                                                 |
| MCGUIRE, and CAROLINE MCGUIRE and                                                                                                                                                                                                                            | Please Serve:<br>Bill McGuire                                                                                                                                                |
| Defendant(s) BILL MCGUIRE, Individually                                                                                                                                                                                                                      | 1016 W. Elder Avenue                                                                                                                                                         |
|                                                                                                                                                                                                                                                              | MMONS McHenry, IL 60051                                                                                                                                                      |
| 30                                                                                                                                                                                                                                                           | MIMIONS                                                                                                                                                                      |
| in the office of the Clerk of this court, McHenry Co<br>Woodstock, Illinois, 60098, within 30 days after se<br>YOU FAIL TO DO SO, A JUDGMENT OR DE<br>YOU FOR THE RELIEF ASKED IN THE CO!<br>To the officer:<br>This summons must be returned by the officer | cer or other person to whom it was given for service, with<br>ely after service. If service cannot be made, this summons<br>not be served later than 30 days after its date. |
| MOHENRY E COUNTY OF ILLINOIS                                                                                                                                                                                                                                 | WITNESS MAY 15 2012  Kalkson M Keff Clerk of the Circuit Court                                                                                                               |
| Pla intiff's attorney or plaintiff if he is not represent                                                                                                                                                                                                    | ted by an attorney                                                                                                                                                           |
| Name Law Offices of Thomas J Popovich                                                                                                                                                                                                                        | Prepared by Hans A. Mast                                                                                                                                                     |
| Attorney for Plaintiff                                                                                                                                                                                                                                       | Attorney for Plaintiff                                                                                                                                                       |
| Address 3416 W. Elm Street                                                                                                                                                                                                                                   | Attorney Registration No. 06203684                                                                                                                                           |
| City, State Zip McHenry, IL 60050                                                                                                                                                                                                                            |                                                                                                                                                                              |
| Telephone 815-344-3797                                                                                                                                                                                                                                       | -                                                                                                                                                                            |

## SUMMONS – 30 DAY IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUDICIAL CIRCUIT McHENRY COUNTY, ILLINOIS

| (Name all parties)                                                                                                                                              | Y COUNTY, ILLINOIS                                                                                                                                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PAUL DULBERG,                                                                                                                                                   |                                                                                                                                                                                                                             |
|                                                                                                                                                                 | ·                                                                                                                                                                                                                           |
| Planintiff(s)                                                                                                                                                   |                                                                                                                                                                                                                             |
| D_AVID GAGNON, Individually, and as                                                                                                                             | Case Number / 2 LA 178                                                                                                                                                                                                      |
| Agent of CAROLINE MCGUIRE and BILL                                                                                                                              | Amount Claimed \$ 50,000.00+                                                                                                                                                                                                |
| M CGUIRE, and CAROLINE MCGUIRE and Defendant(s) BILL MCGUIRE, Individually SU                                                                                   | Please Serve: Caroline McGuire 1016 W. Elder Avenue McHenry, IL 60051                                                                                                                                                       |
| in the office of the Clerk of this court, McHenry Cowodstock, Illinois, 60098, within 30 days after se                                                          | file an answer in this case, or otherwise file your appearance ounty Government Center, 2200 N. Seminary Avenue, ervice of this summons, not counting the day of service. IF ECREE BY DEFAULT MAY BE TAKEN AGAINST MPLAINT. |
| To the officer:  This summons must be returned by the officen clorsement of service and fees, if any, immediate shall be returned so endorsed. This summons may | cer or other person to whom it was given for service, with<br>ely after service. If service cannot be made, this summons<br>not be served later than 30 days after its date.                                                |
| Mehehry County County RLLINOIS                                                                                                                                  | WITNESS MAY 15 2012  Lallering My Leff Clerk of the Circuit Court                                                                                                                                                           |
| Plaintiff's attorney or plaintiff if he is not represen                                                                                                         | ted by an attorney                                                                                                                                                                                                          |
| Name Law Offices of Thomas J Popovich                                                                                                                           | Prepared by Hans A. Mast                                                                                                                                                                                                    |
| Attorney for Plaintiff                                                                                                                                          | Attorney for Plaintiff                                                                                                                                                                                                      |
| Address 3416 W. Elm Street                                                                                                                                      | Attorney Registration No. 06203684                                                                                                                                                                                          |
| City, State Zip McHenry, IL 60050                                                                                                                               | _                                                                                                                                                                                                                           |
| Telephone_815-344-3797                                                                                                                                          |                                                                                                                                                                                                                             |

| (Name all parties)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | F THE TWENTY-SECOND JUDICIAL CIRCUIT<br>NRY COUNTY, ILLINOIS                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| PAUL DULBERG,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del>-</del>                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _                                                                                                             |
| Plaintiff(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ·                                                                                                             |
| vs.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                               |
| DAVID GAGNON, Individually, and as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | _ Case Number                                                                                                 |
| Agent of CAROLINE MCGUIRE and BILL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Amount Claimed \$ 50,000.00+                                                                                  |
| M.CGUIRE, and CAROLINE MCGUIRE and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Please Serve:                                                                                                 |
| De Fendant(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | David Gagnon                                                                                                  |
| BILL MCGUIRE, Individually                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 39010 90th Plaza                                                                                              |
| St                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | JMMONS Powers Lake, WI 53159                                                                                  |
| To each Defendant:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | o file an answer in this case, or otherwise file your appearance                                              |
| To the officer:  This summons must be returned by the second                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                               |
| end orsement of service and fees, if any, immediate shall be returned so endorsed. This summons may                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ely after service. If service cannot be made, this summons y not be served later than 30 days after its date. |
| McHENRY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY C | WITNESS MAY 15,2012 20_20                                                                                     |
| Polyton and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the st | Clork of the Circuit Court                                                                                    |
| lair atiff's attorney or plaintiff if he is not represen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ted by an attorney                                                                                            |
| Varra e Law Offices of Thomas J Popovich                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Prepared by Hans A. Mast                                                                                      |
| Attorney for Plaintiff                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                               |
| Address 3416 W. Elm Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Attorney for Plaintiff                                                                                        |
| City, State Zip McHenry, IL 60050                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Attorney Registration No. 06203684                                                                            |
| elephone 815-344-3797                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ,                                                                                                             |

CV-SU M9: Revised 12/01/06

Page 1 of 2

#### AFFIDAVIT OF SERVICE

#### STATE OF ILLINOIS

in the

#### Circuit Court of the 22nd Judicial Circuit, McHenry County, Illinois Paul Dulberg vs David Gagnon **CASE NO: 12LA178**

On Thursday, June 14, 2012, at 4:26 PM, I served the within described Summons Together With A Copy Of The Complaint in This Action in the manner described below:

I served the within named David Gagnon by leaving a true copy of the Summons Together With A Copy Of The Complaint In This Action at the usual place of abode of the defendant with Pam Gagnon, wife a co-resident.

Said service was effected at 39010 90th PI, Powers Lake, WI 53159 David Gagnon's last and usual abode.

Parm Gagnon is a White Fernale approximately 40 years of age, 5' 6" Tall and approximately 120-130 pounds with Blonde hair.

I know the person I served was Pam Gagnon, wife because she so stated it.

An additional copy of the within Summons Together With A Copy Of The Complaint In This Action was mailed to David Gagnon at the within service address (first class, postage prepaid).

I Mark R. Schneider, swear that I am an adult over the age of 18 years and I am not a party to the above entitled action. Furthermore, I am employed as a Private Detective under Illinois Licensed Agency number 117-000870.

Park R. Schneider, Licensed Private Detective

MDS INVESTIGATIONS, INC. P.O. Box 309

McHenry, IL, 60051

(815) 344-4657 (800) 988-6374 , (815) 344-4831

Our Job Serial Number: 59137

Subscribed and Sworn to before me, June 15, 2012,

Notary Public, State of Wieconsin My Commission Expires:

> DAWN SCHNEIDER Y COMMISSION EXPIRES APRIL 8, 2014

## SUMMONS - 30 DAY IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUDICIAL CIRCUIT McHENRY COUNTY, ILLINOIS

| (Na me all parties)                                                                                                                                            | Y COUNTY, ILLINOIS                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PAUL DULBERG,                                                                                                                                                  |                                                                                                                                                                                                                              |
|                                                                                                                                                                |                                                                                                                                                                                                                              |
| Plaintiff(s) vs.  DAVID GAGNON, Individually, and as                                                                                                           | Case Number 12 LA178                                                                                                                                                                                                         |
| Agent of CAROLINE MCGUIRE and BILL                                                                                                                             | Amount Claimed \$ 50,000.00+                                                                                                                                                                                                 |
| MCGUIRE, and CAROLINE MCGUIRE and Defendant(s) BILL MCGUIRE, Individually                                                                                      | Please Serve: David Gagnon 39010 90th Plaza  MMONS Powers Lake, WI 53159                                                                                                                                                     |
| in the office of the Clerk of this court, McHenry Co<br>Woodstock, Illinois, 60098, within 30 days after se                                                    | file an answer in this case, or otherwise file your appearance, ounty Government Center, 2200 N. Seminary Avenue, ervice of this summons, not counting the day of service. IF ECREE BY DEFAULT MAY BE TAKEN AGAINST MPLAINT. |
| To the officer:  This summons must be returned by the officenchorsement of service and fees, if any, immediate shall be returned so endorsed. This summons may | cer or other person to whom it was given for service, with<br>ely after service. If service cannot be made, this summons<br>not be served later than 30 days after its date.                                                 |
| MOHENRY  LINOIS  LINOIS  LINOIS                                                                                                                                | WITNESS MAY 15 2012 20  Clerk of the Circuit Court  MAY 15 2012  20                                                                                                                                                          |
| Plaintiff's attorney or plaintiff if he is not represent                                                                                                       | ted by an attorney                                                                                                                                                                                                           |
| Name Law Offices of Thomas J Popovich                                                                                                                          | Prepared by Hans A. Mast                                                                                                                                                                                                     |
| Attorney for Plaintiff                                                                                                                                         | Attorney for Plaintiff                                                                                                                                                                                                       |
| Address 3416 W. Elm Street                                                                                                                                     | Attorney Registration No. 06203684                                                                                                                                                                                           |
| City, State Zip McHenry, IL 60050                                                                                                                              | _                                                                                                                                                                                                                            |
| Telephone 815-344-3797                                                                                                                                         | ·                                                                                                                                                                                                                            |

| STATE OF ILLINOIS | )    |
|-------------------|------|
|                   | ) SS |
| COUNTY OF MCHENRY | )    |

#### IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUDICIAL DISTRICT McHENRY COUNTY, ILLINOIS

PAUL DULBERG,

Plaintiff(s),

CASE NO. 12LA000178

VS.

DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually,

Defendant(s).

#### NOTICE OF DISCOVERY DEPOSITION(S)

PLEASE TAKE NOTICE that the undersigned attorney will take the deposition of:

NAME: DATE:

Dr. Apiwat W Ford

October 23, 2013

TIME:

2:00 PM

PLACE:

Northern IL Medical Center

4201 Medical Center Drive

McHenry, IL 60050

upon oral examination, before Merrill Legal Solutions, certified shorthand reporters, or some other officer duly authorized by law to take depositions. The deposition(s) is/are being taken for the purpose of discovery, or for such other purposes as are permitted under the applicable and governing Illinois Rules of the Supreme Court.

I HEREBY CERTIFY that on

9/18/13

, a true and correct copy of the

foregoing Notice of Deposition was mailed to:

Hans A. Mast Law Offices of Thomas J. Popovich, P.C. 3416 W Elm St McHenry IL 60050

Cicero, France, Barch & Alexander PC 6323 East Riverside Blvd Rockford, IL 61114

LAW OFFICE OF STEVEN A. LIHOSIT

200 N. LaSalle Street, Suite 2550

Chicago, IL 60601-1014

Telephone: (3/12) 558-9821

By:

PERRY A. ACCARDO

Firm No.: <u>19859</u> E-MAIL ADDRESS:

ILLINOISLEGAL@ALLSTATE.COM

Attorney Bar No.: 6228720 Attorney for Defendant(s):

- STATE OF ILLINOIS

0245281968.1/SKO/ACCARDO/mil

COUNTY OF MCHENRY

) SS

IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUDICIAL DISTRICT
MCHENRY COUNTY, ILLINOIS

PAUL DULBERG,

Plaintiff(s),

CASE NO. 12LA000178

Vs.

DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually.



Defendant(s).

#### NOTICE OF DISCOVERY DEPOSITION(S)

PLEASE TAKE NOTICE that the undersigned attorney will take the deposition of:

NAME:

Dr. Apiwat Pord

DATE:

November 20, 2013

TIME:

10:00 AM

PLACE:

Northern IL Medical Center

4201 Medical Center Drive

Medical Building Office, B100

McHenry, IL 60050

4309-

Bully

upon oral examination, before Merrill Legal Solutions, certified shorthand reporters, or some other officer duly authorized by law to take depositions. The deposition(s) is/are being taken for the purpose of discovery, or for such other purposes as are permitted under the applicable and governing Illinois Rules of the Supreme Court.

Dulberg 005989

Lorf d 1/19 W/ Xane (Accards) THEREBY CERTIFY that on

11513

, a true and correct copy of the

foregoing Notice of Deposition was faxed mailed to:

Hans A. Mast 815 344-5280 Law Offices of Thomas J. Popovich, P.C. 3416 W Elm St McHenry IL 60050

Cicero, France, Barch & Alexander PC 6323 East Riverside Blvd Rockford, IL 61114

815 226-7701

LAW OFFICE OF STEVEN A. LIHOSIT

200 N. LaSalle Street, Suite 2550

Chicago, IL 60601-1014

Telephone: (31/2) 558-9821

By:

PERRY A. ACCARDO

Firm No.: 19859 E-MAIL ADDRESS:

ILLINOISLEGAL@ALLSTATE.COM

Attorney Bar No.: 6228720 Attorney for Defendant(s):

|            | 1 (414 - 4 )      |
|------------|-------------------|
| U24328196K | I/SKO/ACCARDO/mil |

STATE OF ILLINOIS

COUNTY OF MCHENRY

) SS

### IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUDICIAL DISTRICT McHENRY COUNTY, ILLINOIS

PAUL DULBERG,

Plaintiff(s),

CASE NO. 12LA000178

٧s.

DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually,

Defendant(s).

## NOTICE OF DISCOVERY DEPOSITION(S)

PLEASE TAKE NOTICE that the undersigned attorney will take the deposition of:

NAME;

Dr. Kujawa

DATE:

July 23, 2014

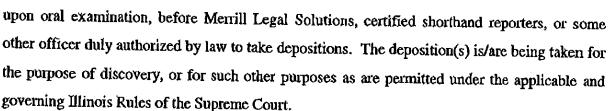
TIME:

1:30 PM

PLACE:

Dr. Kujawa

2614 Patriot Blvd. Glenview, IL 60026



, I HEREBY CERTIFY that on

4-9-14

, a true and correct copy of the

foregoing Notice of Deposition was faxed and mailed to:

Hans A. Mast Law Offices of Thomas J. Popovich, P.C. 3416 W Elm St McHenry IL 60050

815 344-5280

LAW OFFICE OF STEVEN A. LIHOSIT

200 N. LaSalle Street, Suite 2550

Chicago, IL 60601-1014

Telephone: /\(\gamma 312\) 558-9821

By:

PERRY A. ACCARDO

Firm No.: 19859 / E-MAIL ADDRESS:

ILLINOISLEGAL@ALLSTATE.COM

Attorney Bar No.: 6228720 Attorney for Defendant(s):

#### STATE OF ILLINOIS

) SS

**COUNTY OF MCHENRY** 

## IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUDICIAL DISTRICT McHENRY COUNTY, ILLINOIS

PAUL DULBERG,

Plaintiff(s),

CASE NO. 12LA000178

vs.

DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually,

Defendant(s).

### NOTICE OF DISCOVERY DEPOSITION(S)

PLEASE TAKE NOTICE that the undersigned attorney will take the deposition of:

NAME:

Dr. Kujawa

DATE:

July 23, 2014

TIME:

1:30 PM

PLACE:

Dr. Kujawa

2614 Patriot Blvd.

Glenview, IL 60026

**D** 

upon oral examination, before Merrill Legal Solutions, certified shorthand reporters, or some other officer duly authorized by law to take depositions. The deposition(s) is/are being taken for the purpose of discovery, or for such other purposes as are permitted under the applicable and governing Illinois Rules of the Supreme Court.

I HEREBY CERTIF 1 that on

4-9-14

a true and correct copy of the

foregoing Notice of Deposition was faxed and mailed to:

Hans A. Mast Law Offices of Thomas J. Popovich, P.C. 3416 W Elm St McHenry IL 60050

815 344-5280

LAW OFFICE OF STEVEN A. LIHOSIT

200 N. LaSalle Street, Suite 2550

Chicago, IL 60601-1014

Telephone: /\(\chi\_312\) 558-9821

By:

PERRY A. ACCARDO

Firm No.: 19859 | E-MAIL ADDRESS:

ILLINOISLEGAL@ALLSTATE.COM

Attorney Bar No.: 6228720 Attorney for Defendant(s):

| STATE OF ILLINOIS | )    |
|-------------------|------|
| ·                 | ) SS |
| COUNTY OF MCHENRY | )    |

## IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUDICIAL DISTRICT McHENRY COUNTY, ILLINOIS

PAUL DULBERG,

Plaintiff(s),

CASE NO. 12LA000178

vs.

DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually,

Defendant(s).

NOTICE OF DISCOVERY DEPOSITION(S)

PLEASE TAKE NOTICE that the undersigned attorney will take the deposition of:

NAME:

Dr. Karen Levin

DATE:

October 1, 2013

TIME:

9:00 AM

PLACE:

Associated Neurology

1900 Hollister Drive, Suite 250

Libertyville, IL 60048

upon oral examination, before Merrill Legal Solutions, certified shorthand reporters, or some other officer duly authorized by law to take depositions. The deposition(s) is/are being taken for the purpose of discovery, or for such other purposes as are permitted under the applicable and governing Illinois Rules of the Supreme Court.

#### I HEREBY CERTIFY that on

 $\sqrt{-30-(3)}$ , a true and correct copy of the

foregoing Notice of Deposition was mailed to:

Hans A. Mast Law Offices of Thomas J. Popovich, P.C. 3416 W Elm St McHenry IL 60050

Cicero, France, Barch & Alexander PC 6323 East Riverside Blvd Rockford, IL 61114

LAW OFFICE OF STEVEN A. LIHOSIT

200 N. LaSalle Street, Suite 2550

Chicago, IL 60601-1014

Telephone:/ **(312) 558-9821** 

By:

Firm No.: 19859 **E-MAIL ADDRESS:** 

ILLINOISLEGAL@ALLSTATE.COM

Attorney Bar No.: 6228720 Attorney for Defendant(s):

| STATE OF ILLINOIS | )    |
|-------------------|------|
|                   | ) SS |
| COUNTY OF MCHENRY | )    |

## IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUDICIAL DISTRICT McHENRY COUNTY, ILLINOIS

PAUL DULBERG,

Plaintiff(s),

CASE NO. 12LA000178

vs.

DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually,

Defendant(s).

BV DV

#### **NOTICE OF DISCOVERY DEPOSITION(S)**

PLEASE TAKE NOTICE that the undersigned attorney will take the deposition of:

NAME: Dr. Sagerman

DATE: October 15, 2013

TIME: 9:00 AM

PLACE: Hand Surgery Associates

515 W. Algonquin Road, Suite 120

Arlington Heights, IL 60005

upon oral examination, before Merrill Legal Solutions, certified shorthand reporters, or some other officer duly authorized by law to take depositions. The deposition(s) is/are being taken for the purpose of discovery, or for such other purposes as are permitted under the applicable and governing Illinois Rules of the Supreme Court.

I HEREBY CERTIFY that on

830-13

, a true and correct copy of the

foregoing Notice of Deposition was mailed to:

Hans A. Mast Law Offices of Thomas J. Popovich, P.C. 3416 W Elm St McHenry IL 60050

Cicero, France, Barch & Alexander PC 6323 East Riverside Blvd Rockford, IL 61114

LAW OFFICE OF STEVEN A. LIHOSIT

200 N. LaSalle Street, Suite 2550

Chicago, II\_60601-1014

Telephone (312) 558-9821

By:

PERRY A. ACCARDO

Firm No.: <u>19859</u> E-MAIL ADDRESS:

ILLINOISLEGAL@ALLSTATE.COM

Attorney Bar No.: 6228720 Attorney for Defendant(s):

STATE OF ILLINOIS
)
COUNTY OF MCHENRY
)

# IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUDICIAL DISTRICT MCHENRY COUNTY, ILLINOIS

PAUL DULBERG,

Plaintiff(s),

CASE NO. 12LA000178

VS.

DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually,

Defendant(s).



## NOTICE OF DISCOVERY DEPOSITION(S)

PLEASE TAKE NOTICE that the undersigned attorney will take the deposition of:

NAME:

Dr. Marcus Talerico ---

DATE:

October 16, 2013

TIME:

1:00 PM

PLACE:

Mid America Hand and Shoulder

2000 E. Algonquin Road, Suite 109

Schaumberg, IL 60067

upon oral examination, before Merrill Legal Solutions, certified shorthand reporters, or some other officer duly authorized by law to take depositions. The deposition(s) is/are being taken for the purpose of discovery, or for such other purposes as are permitted under the applicable and governing Illinois Rules of the Supreme Court.

I HEREBY CEK TIFY that on

8,301)

, a true and correct copy of the

foregoing Notice of Deposition was mailed to:

Hans A. Mast Law Offices of Thomas J. Popovich, P.C. 3416 W Elm St McHenry IL 60050

Cicero, France, Barch & Alexander PC 6323 East Riverside Blvd Rockford, IL 61114

LAW OFFICE OF STEVEN A. LIHOSIT

200 N. LaSalle Street, Suite 2550

Chicago, IL 60601-1014

Telephone:\ (312) 558-9821

By:

PERRY A. ACCARDO

Firm No.: 19859 E-MAIL ADDRESS:

ILLINOISLEGAL@ALLSTATE.COM

Attorney Bar No.: 6228720 Attorney for Defendant(s):

COPY

## IN THE CIRCUIT COURT FOR THE TWENTY-SECOND JUDICIAL CIRCUIT MCHENRY COUNTY, ILLINOIS

PAUL DULBERG,

Plaintiff,

vs.

No. 12 LA 178

DAVID GAGNON, Individually, and as
Agent of CAROLINE McGUIRE and BILL

McGUIRE and CAROLINE McGUIRE

and BILL McGUIRE, Individually.

Defendants.

#### NOTICE OF FILING

TO: Ronald A. Barch Cicero, France, Barch & Alexander, PC

6323 E. Riverside Blvd.

Rockford, IL 61114

Perry Accardo

Law Office of M. Gerard Gregoire 200 N. LaSalle Street, Suite 2650

Chicago, IL 60601-1092

YOU ARE HEREBY NOTIFIED that on February 4, 2013, or soon thereafter, there was filed with the Clerk of the Circuit Court of McHenry County, 2200 N. Seminary Avenue, Woodstock, Illinois, PLAINTIFF'S REPLY TO DEFENDANTS, BILL AND CAROLYN MCGUIRE'S AFFIRMATIVE DEFENSE, a copy of which is attached hereto.

### CERTIFICATE OF SERVICE

I certify that I served this Notice by mailing a copy to whom it is directed at the address above indicated by depositing it in the U.S. Mail in McHenry, Illinois before 5:00 p.m. on February 4, 2013.

HANS A MAST, Attorney For Plaintiff

## LAW OFFICES OF THOMAS J. POPOVICH

3416 West Elin Street McHenry, Illinois 60050 (815) 344-3798 Attorney No. 6203684

S:\Main\DULBERG, PAUL\Notices\Notice of Filing 2-4-13.wpd

# IN THE CIRCUIT COURT FOR THE TWENTY-SECOND JUDICIAL CIRCUIT MCHENRY COUNTY, ILLINOIS

| PAUL DULBERG,                                                                                            | )           |     |           |              |
|----------------------------------------------------------------------------------------------------------|-------------|-----|-----------|--------------|
| Plaintiff,                                                                                               | )           |     |           | FILED        |
| VS.                                                                                                      | )<br>)<br>) | No. | 12 LA 178 | FEB - 6 2013 |
| DAVID GAGNON, Individually, and as<br>Agent of CAROLINE McGUIRE and BILL<br>McGUIRE and CAROLINE McGUIRE | )           |     |           | eng. ct.h    |
| and BILL McGUIRE, Individually,  Defendants.                                                             | )<br>)<br>) |     |           |              |

# PLAINTIFF'S REPLY TO DEFENDANTS, BILL AND CAROLYN MCGUIRE'S AFFIRMATIVE DEFENSE IN THEIR AMENDED ANSWER

NOW COMES, the Plaintiff, PAUL DULBERG, by and through his attorneys, LAW OFFICES OF THOMAS J. POPOVICH, P.C., and for her reply to Defendants, Bill and Carolyn McGuire's Affirmative Defense in their Amended Answer, states as follows:

1. Plaintiff denies each and every allegation contained in the affirmative defense of Defendants, Bill and Carolyn McGuire.

WHEREFORE, the Plaintiff, PAUL DULBERG, moves for judgment in his favor and against the Defendants, Bill and Carolyn McGuire plus costs.

Hans Al Mast, Attorney for Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH, P.C.

3416 West Elm Street McHenry, Illinois 60050 (815) 344-3797 Attorney No. 6203684

S/Main/DULBERG, PAUL/Documents/Reply to Aff Defenses of Def McGurie 2-1-13, upd

# IN THE CIRCUIT COURT FOR THE TWENTY-SECOND JUDICIAL CIRCUIT McHENRY COUNTY, ILLINOIS

| PAUL DULBERG,                                                                                                                      | )                |     |           |                 |
|------------------------------------------------------------------------------------------------------------------------------------|------------------|-----|-----------|-----------------|
| Plaintiff,                                                                                                                         | )                |     |           |                 |
| vs.                                                                                                                                | )<br>)           | No. | 12 LA 178 |                 |
| DAVID GAGNON, Individually, and as Agent of CAROLINE McGUIRE and BILL McGUIRE and CAROLINE McGUIRE and BILL McGUIRE, Individually, | )<br>)<br>)<br>) |     |           | OCT - 1 2012    |
| Defendants.                                                                                                                        | )                |     |           | , one at second |

## **NOTICE OF FILING**

TO: Ronald A. Barch

Cicero, France, Barch & Alexander, PC

6323 E. Riverside Blvd.

Rockford, IL 61114

Perry Accardo

Law Office of M. Gerard Gregoire

200 N. LaSalle Street, Suite 2650

Chicago, IL 60601-1092

YOU ARE HEREBY NOTIFIED that on September 27, 2012, or soon thereafter, there was filed with the Clerk of the Circuit Court of McHenry County, 2200 N. Seminary Avenue, Woodstock, Illinois, PLAINTIFF'S REPLY TO DEFENDANT, DAVID GAGNON'S AFFIRMATIVE DEFENSE, a copy of which is attached hereto.

## **CERTIFICATE OF SERVICE**

I certify that I served this Notice by mailing a copy to whom it is directed at the address above indicated by depositing it in the U.S. Mail in McHenry, Illinois before 5:00 p.m. on September 26 2012.

HANS A. MAST, Attorney For Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH

3416 West Elm Street McHenry, Illinois 60050 (815) 344-3798 Attorney No. 6203684

S:\Main\DULBERG, PAUL\Notices\Notice of Filing 9-27-12,wpd

## IN THE CIRCUIT COURT FOR THE TWENTY-SECOND JUDICIAL CIRCUIT McHENRY COUNTY, ILLINOIS

| PAUL DULBERG,                                                                                            | )           |     |           |   |             |
|----------------------------------------------------------------------------------------------------------|-------------|-----|-----------|---|-------------|
| Plaintiff,                                                                                               | )           |     |           |   |             |
| vs.                                                                                                      | )           | No. | 12 LA 178 |   |             |
| DAVID GAGNON, Individually, and as<br>Agent of CAROLINE McGUIRE and BILL<br>McGUIRE and CAROLINE McGUIRE | )<br>)<br>) |     |           |   |             |
| and BILL McGUIRE, Individually,                                                                          | )           |     |           |   |             |
| Defendants.                                                                                              | )           |     |           | 0 | CT - 1 2012 |

## PLAINTIFF'S REPLY TO DEFENDANT, DAVID GAGNON'S AFFIRMATIVE DEFENSE

NOW COMES, the Plaintiff, PAUL DULBERG, by and through his attorneys, LAW OFFICES OF THOMAS J. POPOVICH, P.C., and for her reply to Defendant, David Gagnon's Affirmative Defense, states as follows:

1. Plaintiff denies each and every allegation contained in the affirmative defense of Defendant, David Gagnon.

WHEREFORE, the Plaintiff, PAUL DULBERG, moves for judgment in his favor and against the Defendant, David Gagnon plus costs.

Hans A. Mast, Attorney for Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH, P.C.

3416 West Elm Street McHenry, Illinois 60050 (815) 344-3797 Attorney No. 6203684

S/Main/DULBERG, PAUL/Documents/Reply to All Defenses of Def Gagnon 9-27-12.wpd

(

KATHERINE M. KEEFE MCHENITY CTY. CIR. CLK.

# IN THE CIRCUIT COURT FOR THE TWENTY-SECOND JUDICIAL CIRCUIT McHENRY COUNTY, ILLINOIS

| PAUL DULBERG,                                                                                                                      | )           |     |           |
|------------------------------------------------------------------------------------------------------------------------------------|-------------|-----|-----------|
| Plaintiff,                                                                                                                         | )           |     |           |
| VS.                                                                                                                                | )           | No. | 12 LA 178 |
| DAVID GAGNON, Individually, and as Agent of CAROLINE McGUIRE and BILL McGUIRE and CAROLINE McGUIRE and BILL McGUIRE, Individually, | )<br>)<br>) |     |           |
| Defendants.                                                                                                                        | )           |     |           |

## **NOTICE OF FILING**

TO: Ronald A. Barch

Cicero, France, Barch & Alexander, PC

6323 E. Riverside Blvd.

Rockford, IL 61114

Perry Accardo

Law Office of M. Gerard Gregoire 200 N. LaSalle Street, Suite 2650

Chicago, IL 60601-1092

YOU ARE HEREBY NOTIFIED that on September 27, 2012, or soon thereafter, there was filed with the Clerk of the Circuit Court of McHenry County, 2200 N. Seminary Avenue, Woodstock, Illinois, PLAINTIFF'S REPLY TO DEFENDANT, DAVID GAGNON'S AFFIRMATIVE DEFENSE, a copy of which is attached hereto.

### **CERTIFICATE OF SERVICE**

I certify that I served this Notice by mailing a copy to whom it is directed at the address above indicated by depositing it in the U.S. Mail in McHenry, Illinois before 5:00 p.m. on September 26 2012.

HANS A. MAST, Attorney For Plaintiff

## LAW OFFICES OF THOMAS J. POPOVICH

3416 West Elm Street McHenry, Illinois 60050 (815) 344-3798 Attorney No. 6203684

S:\Main\DULBERG, PAUL\Notices\Notice of Filing 9-27-12.wpd

## IN THE CIRCUIT COURT FOR THE TWENTY-SECOND JUDICIAL CIRCUIT McHENRY COUNTY, ILLINOIS

| PAUL DULBERG,                                                                                                                      | )                |     |           |
|------------------------------------------------------------------------------------------------------------------------------------|------------------|-----|-----------|
| Plaintiff,                                                                                                                         | )<br>)           |     |           |
| vs.                                                                                                                                | )<br>)           | No. | 12 LA 178 |
| DAVID GAGNON, Individually, and as Agent of CAROLINE McGUIRE and BILL McGUIRE and CAROLINE McGUIRE and BILL McGUIRE, Individually, | )<br>)<br>)<br>) |     |           |
| Defendants.                                                                                                                        | )<br>)           |     |           |

## PLAINTIFF'S REPLY TO DEFENDANT, DAVID GAGNON'S AFFIRMATIVE DEFENSE

NOW COMES, the Plaintiff, PAUL DULBERG, by and through his attorneys, LAW OFFICES OF THOMAS J. POPOVICH, P.C., and for her reply to Defendant, David Gagnon's Affirmative Defense, states as follows:

1. Plaintiff denies each and every allegation contained in the affirmative defense of Defendant, David Gagnon.

WHEREFORE, the Plaintiff, PAUL DULBERG, moves for judgment in his favor and against the Defendant, David Gagnon plus costs.

Hans A. Mast, Attorney for Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH, P.C.

3416 West Elm Street McHenry, Illinois 60050 (815) 344-3797 Attorney No. 6203684

S:\Main\DULBERG, PAUL\Documents\Reply to Aff Defenses of Def Gagnon 9-27-12,wpd

(

## STATE OF ILLINOIS IN THE CIRCUIT COURT OF THE 22<sup>ND</sup> JUDICIAL CIRCUIT COUNTY OF MoHENRY

| PAUL DULBERG,                                                                                                                       | )           |                    |
|-------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------|
| Plaintiff,                                                                                                                          | )<br>)<br>) | Case No. 12 LA 178 |
| VS.                                                                                                                                 | )<br>)      |                    |
| DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually, | ) ) ) )     |                    |
| Defendants.                                                                                                                         | )           |                    |

## CROSS-CLAIM FOR CONTRIBUTION AGAINTS CO-DEFENDANT DAVID GAGNON

The Defendants, BILL McGUIRE and CAROLYN McGUIRE, by and through their attorneys, Cicero, France, Barch & Alexander, PC, and for their cross-claim for counterclaim for contribution against Defendant David Gagnon, state as follows:

- 1. Plaintiff PAUL DULBERG has filed a two-count complaint against Defendants David Gagnon, Bill McGuire and Carolyn McGuire seeking damages for injuries he attributes to a chainsaw incident that purportedly occurred on June 28, 2011in the County of McHenry, State of Illinois.
- 2. The chainsaw incident set forth in Plaintiff's Complaint purportedly occurred on a residential parcel owned by Defendants Bill McGuire and Carolyn McGuire.
- 3. Defendants Bill McGuire and Carolyn McGuire were not present in the vicinity of the chainsaw incident when it occurred.
- 4. At the time of the alleged chainsaw incident, Plaintiff PAUL DULBERG was assisting Defendant David Gagnon as Defendant Gagnon was cutting and trimming trees and branches with a chainsaw.
- 5. At said time and place, Defendant David Gagnon owed a duty to exercise reasonable care at all times to avoid causing injury and property damages to others.

- 6. On the date and in the location set forth in Plaintiff's Complaint, the chainsaw being then and there operated by Defendant David Gagnon made contact with the right arm of Plaintiff PAUL DULBERG.
- 7. At the time and place alleged, notwithstanding his aforementioned duty, Defendant David Gagnon was then and there guilty of one or more of the following negligent acts and/or omissions:
  - a. Caused or permitted a chainsaw to make contact with Plaintiff's right arm;
  - b. Failed to operate said chainsaw in a safe and reasonable manner so as to avoid injuring Plaintiff's right arm;
  - c. Failed to maintain a reasonable and safe distance between the chainsaw he was operating and Plaintiff's right arm;
  - d. Failed to properly instruct Plaintiff prior to approaching him with an operating chainsaw;
  - e. Failed to properly warn Plaintiff prior to approaching him with an operating chainsaw;
  - f. Failed to maintain the chainsaw in the idle or off position when he knew or should have known that Plaintiff was close enough to sustain injury from direct contact with the subject chainsaw;
  - g. Failed to maintain a proper lookout for Plaintiff while operating the subject chainsaw;
  - h. Failed to maintain proper control over an operating chainsaw;
  - i. Was otherwise negligent in the operation and control of the subject chainsaw.
  - 8. That the injuries alleged by Plaintiff PAUL DULBER, if any, were the direct and proximate result of negligence on the part of Defendant David Gagnon.
  - 9. By virtue of those aforesaid actions, Defendant David Gagnon is a joint tortfeasor within the meaning of the Illinois Contribution Among Joint Tortfeasors Act (740 ILCS 100/0.01, et seq.) which was in full force and effect on the date of the occurrence and, as such, the State of

## **CERTIFICATE OF SERVICE**

The undersigned hereby certifies that a copy of the foregoing document was

served upon:

Attorney Perry A. Accardo Law Office of M. Gerard Gregoire 200 N. LaSalle St., Ste 2650 Chicago, IL 60601-1092 Attorney Hans A. Mast Law Offices of Thomas J. Popovich 3416 West Elm Street McHenry, IL 60050

Cicero, France, Barch & Alexander, P.C. 6323 East Riverside Blvd. Rockford, IL 61114 815/226-7700 815/226-7701 (fax)

# STATE OF ILLINOIS IN THE CIRCUIT COURT OF THE 22<sup>ND</sup> JUDICIAL CIRCUIT COUNTY OF McHENRY

| PAUL DULBERG,                      | ) |                                              |
|------------------------------------|---|----------------------------------------------|
| Plaintiff,                         | ) | Case No. 12 LA 178                           |
| VS.                                | ) | AMENDED ANSWER AND<br>AFFIRMATIVE DEFENSE BY |
| DAVID GAGNON, Individually, and as | ) | DEFENDANTS BILL McGUIRE                      |
| Agent of CAROLINE MCGUIRE and BILL | ) | AND CAROLYN McGUIRE                          |
| MCGUIRE, and CAROLINE MCGUIRE      | ) |                                              |
| and BILL MCGUIRE, Individually,    | ) |                                              |
|                                    | ) |                                              |
| Defendants.                        | ) |                                              |

#### **DEFENDANTS' ANSWER**

#### ANSWER TO COUNT I

Defendants, BILL McGUIRE and CAROLYN McGUIRE, make no response to Count I of Plaintiff's Complaint inasmuch as said allegations are directed at a separate and distinct Defendant.

#### ANSWER TO COUNT II

Defendants, BILL McGUIRE AND CAROLYN McGUIRE (improperly named Caroline), by and through their attorneys, Cicero, France, Barch & Alexander, PC, and for their Answer to Count I of Plaintiff's Complaint, state as follows:

- 1. Defendants admit the allegations of paragraph one (1).
- Defendants admit that on June 28, 2011, they owned and lived in a single family home located at 1016 W. Elder Avenue, City of McHenry, County of McHenry, Illinois. Defendants neither admit nor deny the remaining allegations set forth in paragraph two (2) as said allegations call for the admission of a conclusion of law rather than an allegation of fact.
- 3. Defendants deny the allegations of paragraph three (3).
- 4. Defendants deny the allegations of paragraph four (4).

- Defendants admit that on June 28, 2011, Defendant David Gagnon was engaged in cutting, trimming and maintaining trees and brush on the premises at 1016 W. Elder Avenue, in the City of McHenry, County of McHenry, Illinois. Defendants admit that David Gagnon was doing so at their request, with their authority and permission and for their benefit. Defendants deny the remaining allegations of paragraph five (5).
- 6. Defendants admit that Defendant David Gagnon used a chain saw from time to time on June 28, 2011. Defendants admit that they owned a chain saw on June 28, 2011. Defendants deny the remaining allegations of paragraph six (6).
- 7. Defendants deny the allegations of paragraph seven (7).
- 8. Defendants deny the allegations of paragraph eight (8).
- 9. The answering Defendants were not present and therefore lack sufficient information upon which to form a belief as to the truth of the allegations set forth in paragraph nine (9). Defendants therefore neither admit nor deny said allegations but demand strict proof thereof.
- 10. The answering Defendants were not present and therefore lack sufficient information upon which to form a belief as to the truth of the allegations of paragraph ten (10). Defendants therefore neither admit nor deny said allegations but demand strict proof thereof.
- 11. Defendants deny the allegations of paragraph eleven (11).
- 12. Defendants deny the allegations of paragraph twelve (12).
- 13. The answering Defendants were not present and therefore lack sufficient information upon which to form a belief as to the truth of the allegations of paragraph thirteen (13). Defendants therefore neither admit nor deny said allegations but demand strict proof thereof.
- 14. The answering Defendants were not present and therefore lack sufficient

- information upon which to form a belief as to the truth of the allegations of paragraph fourteen (14). Defendants therefore neither admit nor deny said allegations but demand strict proof thereof.
- 15. Defendants make no response to the allegations set forth in paragraph fifteen (15) as said allegations call for the admission of a conclusion of law rather than an allegation of fact.
- 16. Defendants admit that at all relevant times they owned and lived in the premises that are the subject of Plaintiff's Complaint. Defendants neither admit nor deny the remaining allegations set forth in paragraph sixteen (16) as said allegations call for the admission of a conclusion of law rather than an allegation of fact.
- 17. Defendants make no response to the allegations set forth in paragraph fifteen (15) as said allegations call for the admission of a conclusion of law rather than an allegation of fact.
- 18. Defendants deny the allegations of paragraph eighteen (18).
- 19. Defendants admit that Defendant David Gagnon used a chain saw from time to time on June 28, 2011. The answering Defendants were not present and therefore lack sufficient information upon which to form a belief as to whether Defendant David Dagnon was operating a chain saw with the assistance of Plaintiff Paul Dulberg. Defendants neither admit nor deny the remaining allegations set forth in paragraph nineteen (19) as said allegations call for the admission of a conclusion of law rather than an allegation of fact.
- 20. Defendants make no response to the allegations set forth in paragraph twenty (20) as said allegations call for the admission of a conclusion of law rather than an allegation of fact.
- 21. Defendants deny the allegations of paragraph twenty-one (21).
- 22. Defendants deny the allegations of paragraph twenty-two (22).

WHEREFORE, the Defendants, BILL McGUIRE and CAROLYN McGUIRE, pray the court dismiss Count I of Plaintiff's Complaint and enter judgment for the Defendants for their costs of suit.

## Defendants Hereby Demand A Trial By Jury

## DEFENDANTS' AFFIRMATIVE DEFENSE

The Defendants, BILL McGUIRE and CAROLYN McGUIRE, by and through their attorneys, Cicero, France, Barch & Alexander, PC, and for their Affirmative Defense to Count II of Plaintiff's Complaint, state as follows:

- 1. That on the date and at the place alleged in the Plaintiff's Complaint, the Plaintiff, PAUL DULBERG, was guilty of negligence by failing to exercise due care and caution for his own safety, in that he:
  - a. Failed to use due care and caution as he assisted Defendant David Gagnon during the trimming and cutting of trees and branches.
  - b. Failed to use due care and caution as he assisted Defendant David Gagnon during the trimming and cutting of trees and branches when he knew and appreciated the dangers associated with chainsaw usage.
  - c. Was inattentive and unobservant to surrounding conditions and dangers as he assisted Defendant David Gagnon during the trimming and cutting of trees and branches.
  - d. Notwithstanding a reasonable opportunity to do so, failed to maintain a safe distance between himself and an operating chainsaw.
  - e. Was otherwise careless and negligent as will be demonstrated by the evidence at trial.
  - 2. That by reason of the aforesaid negligence of the Plaintiff, PAUL DULBERG, and as a direct and proximate result thereof, the Plaintiff sustained the damages claimed.
  - 3. That pursuant to the Illinois Code of Civil Procedure, Section 5/2-613(d) and Section 5/2-1116, the Complaint of PAUL DULBERG should be dismissed in that the contributory

fault on the part of the Plaintiff was more than 50 percent and, therefore, PAUL DULBERG's Complaint is barred.

4. Or, in the alternative, that any verdict against the Defendants, BILL McGUIRE and CAROLYN McGUIRE, should be reduced in direct proportion to the percentage of PAUL DULBERG's contributory negligence causing his claimed injuries.

WHEREFORE, the Defendants, BILL McGUIRE and CAROLYN McGUIRE, moves this Court for an Order dismissing Count I of Plaintiff's Complaint, costs being assessed to the Plaintiff.

## Defendants Hereby Demand A Trial By Jury

CAROLYN MCGUIRE and BILL MCGUIRE, Defendants, by their attorneys, CICERO, FRANCE, BARCH & ALEXANDER, P.C.,

By

RONALD A. BARCH (6209572)

Cicero, France, Barch & Alexander, P.C. 6323 East Riverside Blvd. Rockford, IL 61114 815/226-7700 815/226-7701 (fax)

| STATE OF ILLINOIS   | )    |
|---------------------|------|
|                     | ) SS |
| COUNTY OF WINNEBAGO | )    |

RONALD A. BARCH, being first duly sworn on oath, deposes and states that he is one of the attorneys for the Defendants, BILL McGUIRE and CAROLYN McGUIRE, that he has read the foregoing Answer signed by him; that the allegations as to insufficient knowledge are true to the best of his knowledge and belief.

RONALD A. BARCH

Subscribed and sworn to before me on 1-25-13

Notary Public

OFFICIAL SEAL
TINA A FINK
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:07/05/14

### **CERTIFICATE OF SERVICE**

The undersigned hereby certifies that a copy of the foregoing document was

served upon:

Attorney Perry A. Accardo Law Office of M. Gerard Gregoire 200 N. LaSalle St., Ste 2650 Chicago, IL 60601-1092 Attorney Hans A. Mast Law Offices of Thomas J. Popovich 3416 West Elm Street McHenry, IL 60050

Cicero, France, Barch & Alexander, P.C. 6323 East Riverside Blvd. Rockford, IL 61114 815/226-7700 815/226-7701 (fax)



| STATE OF ILLINOIS | . )  |
|-------------------|------|
|                   | )SS  |
| COUNTY OF McHENRY | - A) |

IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUDICIAL CIRCUIT MCHENRY COUNTY, ILLINOIS

| PAUL DULBERG,                                     | )             |      |       |         |
|---------------------------------------------------|---------------|------|-------|---------|
| Plaintiff,                                        | )             |      |       | <b></b> |
| vs.                                               |               | No.: | 12-LA | 178     |
| DAVID GAGNON, Individua<br>Agent of CAROLINE MCGU | IRE and BILL) |      |       |         |
| MCGUIRE, and CAROLINE and BILL MCGUIRE, Individ   |               |      |       |         |
| Defendants.                                       | )             |      |       | :       |

## COMPLAINT

NOW COMES the Plaintiff, PAUL DULBERG, by his attorneys, LAW OFFICES OF THOMAS J. POPOVICH, P.C., and complaining against the Defendants, DAVID GAGNON, Individually, and as Agent of CAROLINE McGUIRE and BILL McGUIRE, and CAROLINE McGUIRE and BILL McGUIRE, individually, and states as follows:

#### Count I

## Paul Dulberg vs. David Gagnon, individually, and as Agent of Caroline and Bill McGuire

- 1. On June 28, 2011, the Plaintiff, PAUL DULBERG, lived in the City of McHenry, County of McHenry, Illinois.
- 2. On June 28, 2011, Defendants CAROLINE McGUIRE and BILL McGUIRE lived, controlled, managed and maintained a single family home located at 1016 W. Elder

| ived, controlled, managed and maintained a single family h              | nome located at 1016 W. Elder                                                          |          |
|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------|----------|
| Avenue, in the City of McHenry County of McHenry, Illing                | POAC BUT MITHIPER VAM BARRAOT BRUSH                                                    | 3E       |
| FAILURE TO APPEAR MAY RESULT IN THE CASE BEING DISMISSED OR AN ORDER OF | BY LOCAL RULE 3.10 HIS CASE IS HEREBY SET FOR SCHEDULING ONFERENCE IN COURTROOM TA, 00 | H1<br>>> |
| BEING BISMISSED OR AN BEFAULT BEING ENTERED.                            | AOLICE Dulberg 006017                                                                  | <i>)</i> |

- 3. On June 28, 2011, the Defendant, DAVID GAGNON, was living and/or staying at his parent's home at 1016 W. Elder Avenue, in the City of McHenry, County of McHenry, Illinois.
- 4. On June 28, 2011, the Defendants, CAROLINE McGUIRE and BILL McGUIRE contracted, hired the Defendant, DAVID GAGNON, to cut down, trim and/or maintain the trees and brush at their premises at 1016 W. Elder Avenue, in the City of McHenry, County of McHenry, Illinois.
- 5. On June 28, 2011, and at the request and with the authority and permission of the Defendants CAROLINE McGUIRE and BILL McGUIRE, and for their benefit, the Defendant, DAVID GAGNON, was working under their supervision and control while engaged in cutting, trimming and maintaining trees and brush at the premises at 1016 W. Elder Avenue, in the City of McHenry. County of McHenry, Illinois.
- 6. On June 28, 2011, as part of his work at the subject property, the Defendant. DAVID GAGNON, was authorized, instructed, advised and permitted to use a chainsaw to assist him in his work for Defendants, CAROLINE McGUIRE and BILL McGUIRE, which was owned by the McGuires.
- 7. On June 28, 2011, the Defendant, DAVID GAGNON, was under the supervision and control of Defendants, CAROLINE McGUIRE and BILL McGUIRE, and was working as their apparent and actual agent, and was then acting and working in the scope of his agency for Defendants, CAROLINE McGUIRE and BILL McGUIRE.

- 8. On June 28, 2011, and while the Defendant, DAVID GAGNON, was working in the course and scope of his agency for Defendants, CAROLINE McGUIRE and BILL McGUIRE, and was under their supervision and control, Defendant, DAVID GAGNON was in use of a chainsaw while trimming a tree and branch.
- 9. On June 28, 2011, and while Defendant, DAVID GAGNON, was in use of a chainsaw while trimming a tree and branch, Defendant, DAVID GAGNON, asked for and/or requested the assistance of the Plaintiff, PAUL DULBERG, to hold the tree branch while Defendant, DAVID GAGNON, trimmed the branch with the chainsaw.
- 10. On June 28, 2011, and while Defendant, DAVID GAGNON, was in sole control, use and operation of the subject chainsaw, the chainsaw was caused to strike and injure the Plaintiff, PAUL DULBERG.
- At all relevant times, Defendants, CAROLINE McGUIRE and BILL McGUIRE. knew of Defendant, DAVID GAGNON's use of the chainsaw in the presence of the Plaintiff, PAUL DULBERG, and knew that such created a danger to the Plaintiff, PAUL DULBERG's safety.
- 12. That at all relevant times, the Defendants, DAVID GAGNON, as agent of CAROLINE McGUIRE and BILL McGUIRE, owed a duty to use care and caution in his operation of a known dangerous instrumentality.

- 13. On June 28, 2011, the Defendant, DAVID GAGNON, was negligent in one or more of the following ways:
  - a. Failed to maintain control over the operating of the chainsaw;
  - Failed to take precaution not to allow the chainsaw to move toward the Plaintiff,
     PAUL DULBERG, so as to cause injury;
  - c. Failed to warn the Plaintiff, PAUL DULBERG, of the dangers existing from the Defendant, DAVID GAGNON's inability to control the chainsaw;
  - d. Failed to keep a proper distance from the Plaintiff, PAUL DULBERG, while operating the chainsaw;
  - e. Otherwise was negligent in operation and control of the chainsaw.
- 14. That as a proximate result of the Defendant's negligence, the Plaintiff, PAUL DULBERG, was injured externally; he has experienced and will in the future experience pain and suffering; he has been permanently scarred and/or disabled; and has become obligated for large sums of money for medical bills and will in the future become obligated for additional sums of money for medical care, and has lost time from work and/or from earning wages due to such injury.
- 15. That at the above time and date, the Defendant's negligence can be inferred from the circumstances of the occurrence as the instrument of the injury was under the control of the Defendant and therefore, negligence can be presumed under the doctrine of *Res Ipsa Loquitur*.

WHEREFORE, Plaintiff, PAUL DULBERG, demands judgment against Defendants,
DAVID GAGNON, and CAROLINE McGUIRE and BILL McGUIRE in an amount in excess of
\$50,000.00, plus costs of this action.

#### Count II

## Paul Dulberg vs. Caroline McGuire and Bill McGuire

- 1 15. That the Plaintiff, PAUL DULBERG, restates and realleges paragraphs 1 through 14, in Count I, above, as paragraphs 1 through 15 of Count II, as if fully alleged herein.
- 16. That at all relevant times, the Defendants, CAROLINE McGUIRE and BILL McGUIRE, owned, controlled, maintained and supervised the premises whereat the accident to the Plaintiff, PAUL DULBERG, occurred.
- 17. That at all relevant times, the Defendants, CAROLINE McGUIRE and BILL McGUIRE, were in control of and had the right to advise, instruct and demand that the Defendant, DAVID GAGNON, act or work in a safe and reasonable manner.
- That at all relevant times, the Defendant, DAVID GAGNON, was acting as the agent, actual and apparent, of Defendants, CAROLINE McGUIRE and BILL McGUIRE, and was acting at their request and in their best interests and to their benefit as in a joint enterprise.
- 19. That at all relevant times, Defendants, CAROLINE McGUIRE and BILL McGUIRE, knew DAVID GAGNON was operating a chainsaw with the assistance of the Plaintiff, PAUL DULBERG, and had the right to discharge or terminate the Defendant, DAVID GAGNON's work for any reason.
- That at all relevant times, Defendants, CAROLINE McGUIRE and BILL McGUIRE, owed a duty to supervise and control Defendant, DAVID GAGNON's activities on the property so as not to create a unreasonable hazard to others, including the Plaintiff, PUAL DULBERG.

- 21. On June 28, 2011, the Defendants, CAROLINE McGUIRE and BILL McGUIRE, were negligent in one or more of the following ways:
  - a. Failed to control operation of the chainsaw;
  - b. Failed to take precaution not to allow the chainsaw to move toward the Plaintiff,
    PAUL DULBERG, so as to cause injury;
  - c. Failed to warn the Plaintiff, PAUL DULBERG, of the dangers existing from the Defendant's inability to control the chainsaw;
  - d. Failed to keep the chainsaw a proper distance from the Plaintiff, PAUL
     DULBERG, while operating the chainsaw;
  - e. Otherwise was negligent in operation and control of the chainsaw.
- That as a proximate result of the Defendant's negligence, the Plaintiff, PAUL DULBERG, was injured externally; he has experienced and will in the future experience pain and suffering; he has been permanently scarred and/or disabled; and has become obligated for large sums of money for medical bills and will in the future become obligated for additional sums of money for medical care, and has lost time from work and/or from earning wages due to such injury.

WHEREFORE, Plaintiff, PAUL DULBERG, demands judgment against Defendants, CAROLINE McGUIRE and BILL McGUIRE, in an amount in excess of \$50,000.00, plus costs of this action.

LAW OFFICES OF THOMAS J. POPOVICH, P.C.

One of the Attorneys for Plaintiff

Hans A. Mast LAW OFFICES OF THOMAS J. POPOVICH, P.C. 3416 West Elm Street Lake, Illinois 60050 (815) 344-3797 ARDC No. 06203684

COPY

## IN THE CIRCUIT COURT FOR THE TWENTY-SECOND JUDICIAL CIRCUIT McHENRY COUNTY, ILLINOIS

| PAUL DULBERG,                                                                                                                               | )                |     |           |
|---------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----|-----------|
| Plaintiff,                                                                                                                                  | )                |     |           |
| vs.                                                                                                                                         | )                | No. | 12 LA 178 |
| DAVID GAGNON, Individually, and as<br>Agent of CAROLINE McGUIRE and BILL<br>McGUIRE and CAROLINE McGUIRE<br>and BILL McGUIRE, Individually, | )<br>)<br>)<br>) |     |           |
| Defendants.                                                                                                                                 | )<br>)           |     |           |

## **NOTICE OF MOTION**

To: Ronald A. Barch Cicero, France, Barch & Alexander, PC 6323 E. Riverside Blvd. Rockford, IL 61114

On July 31, 2012 at 9:00 a.m., or as soon thereafter as counsel may be heard, I shall appear before the Honorable Michael T. Caldwell or any judge sitting in his stead, in courtroom 204 in the Circuit Court of McHenry County in Woodstock, Illinois and shall then and there present PLAINTIFF'S MOTION FOR PROTECTIVE ORDER, a copy of which is hereby served upon you

## AFFIDAVIT OF SERVICE

I certify that I served this Notice by mailing to whom it is directed at approximately 5:00 p.m. on July 24, 2012 in McHenry, IL and further that the statements set forth in this Affidavit of Service are true and correct.

Hans A. Mast, Attorney for Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH, P.C.

3416 West Elm Street McHenry, IL 60050 815-344-3797 Attorney ID No. 30037

S:\Main\DULBERG, PAUL\Notices\Notice of Motion 7-24-12.wpd

## IN THE CIRCUIT COURT FOR THE TWENTY-SECOND JUDICIAL CIRCUIT McHENRY COUNTY, ILLINOIS

| PAUL DULBERG,                                                        | )   |     |           |
|----------------------------------------------------------------------|-----|-----|-----------|
| Plaintiff,                                                           | )   |     |           |
| VS.                                                                  | )   | No. | 12 LA 178 |
| DAVID GAGNON, Individually, and as Agent of CAROLINE McGUIRE and BIL | T ) |     |           |
| McGUIRE and CAROLINE McGUIRE and BILL McGUIRE, Individually,         | )   |     |           |
| Defendants.                                                          | )   |     |           |

## PLAINTIFF'S MOTION FOR PROTECTIVE ORDER

NOW COME the Plaintiff, PAUL DULBERG, by and through his attorneys, LAW OFFICES OF THOMAS J. POPOVICH, P.C. and for his Motion for Protective Order to preserve and protect the "chain saw" involved in the underlying occurrence along with all parts and accessories and manual/paperwork, and states as follows:

- 1. This suit arises from injuries suffered by the Plaintiff, PAUL DULBERG, on June 28, 2011, when he was negligently struck by a "chain saw" operated by DAVID GAGNON while working on behalf and/or at the request of the Defendants, CAROLINE McGUIRE and BILL McGUIRE at their premises at 1016 W. Elder Avenue, in the City of McHenry, County of McHenry, Illinois.
- 2. Plaintiff's counsel would like an opportunity to photograph and inspect the subject "chain saw" and any parts, accessories and manual/paperwork pertaining to the saw and moves that this court order the "saw and its parts and accessories and paperwork/manual be preserved and protected without destruction or loss until further order of this court."

WHEREFORE, the Plaintiff, PAUL DULBERG, respectfully moves this Court to enter a protective order against the Defendants, their agents, employees, staff and/or representatives and any others under it's control, and it's attorneys, to preserve and protect the chain saw and its parts and accessories and paperwork/manual, from any destruction, alterations, modifications, or other changes from its condition as presently exists, until further order of the court and to present the saw and its parts etc within 30 days hereof to the Plaintiff's counsel for inspection and photographing.

Respectfully Submitted:

Hans A. Mast, Attorney for Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH, P.C.

3416 W. Elm Street McHenry, IL 60050 815/344-3797 ARDC. #06203684

S:\Main\DULBERG, PAUL\Motions\Motion for Protective Order 7-24-12.wpd

## IN THE CIRCUIT COURT FOR THE TWENTY-SECOND JUSTIC ID CUIT MCHENRY COUNTY, ILLINOIS

| PAUL DULBERG,                                                                                                                      | )                | :         |
|------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------|
| Plaintiff,                                                                                                                         | )<br>)           | 1<br>:    |
| Vs.                                                                                                                                | )<br>) No.       | 12 LA 178 |
| DAVID GAGNON, Individually, and as Agent of CAROLINE McGUIRE and BILL McGUIRE and CAROLINE McGUIRE and BILL McGUIRE, Individually, | )<br>)<br>)<br>) |           |
| Defendants.                                                                                                                        | )<br>)           |           |

## **RE-NOTICE OF MOTION**

To: Ronald A. Barch Cicero, France, Barch & Alexander, PC 6323 E. Riverside Blvd. Rockford, IL 61114

On August 8, 2012 at 9:00 a.m., or as soon thereafter as counsel may be heard, I shall appear before the Honorable Thomas A. Meyer or any judge sitting in his stead, in courtroom 201 in the Circuit Court of McHenry County in Woodstock, Illinois and shall then and there present PLAINTIFF'S MOTION FOR PROTECTIVE ORDER, a copy of which is hereby served upon you

## **AFFIDAVIT OF SERVICE**

I certify that I served this Notice by mailing to whom it is directed at approximately 5:00 p.m. on August 1, 2012 in McHenry, IL and further that the statements set forth in this Affidavit of Service are true and correct.

Hans A. Mast, Attorney for Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH, P.C.

3416 West Elm Street McHenry, IL 60050 815-344-3797 Attorney ID No. 30037

S:\Main\DULBERG, PAUL\Notices\Notice of Motion 7-31-12.wpd

IN THE CIRCUIT COURT FOR THE TWENTY-SECOND JUDICIAL CIRCUIT

McHENRY COUNTY, ILLINOIS

PAUL DULBERG,

Plaintiff,

Vs.

No. 12 LA 178

KATHERINE M. KEEFE
Clerk of the Circuit Court

Agent of CAROLINE McGUIRE and BILL

McGUIRE and CAROLINE McGUIRE

McHenry County, Illinois

McHenry County, Illinois

McHenry County, Illinois

McHenry County, Illinois

McHenry County, Illinois

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McHenry County, Illinois

## NOTICE OF MOTION

To: Ronald A. Barch Cicero, France, Barch & Alexander, PC 6323 E. Riverside Blvd. Rockford, IL 61114

and BILL McGUIRE, Individually,

Defendants.

On July 31, 2012 at 9:00 a.m., or as soon thereafter as counsel may be heard, I shall appear before the Honorable Michael T. Caldwell or any judge sitting in his stead, in courtroom 204 in the Circuit Court of McHenry County in Woodstock, Illinois and shall then and there present PLAINTIFF'S MOTION FOR PROTECTIVE ORDER, a copy of which is hereby served upon you

## AFFIDAVIT OF SERVICE

I certify that I served this Notice by mailing to whom it is directed at approximately 5:00 p.m. on July 24, 2012 in McHenry, IL and further that the statements set forth in this Affidavit of Service are true and correct.

Hans A. Mast, Attorney for Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH, P.C.

3416 West Elm Street McHenry, IL 60050 815-344-3797 Attorney ID No. 30037

SAMain\DULBERG, PAUL\Notices\Notice of Motion 7-24-12.wpd

## IN THE CIRCUIT COURT FOR THE TWENTY-SECOND JUDICIAL CIRCUIT McHENRY COUNTY, ILLINOIS

| PAUL DULBERG,                                                                                                                      | )                | :            | McHenry County, Ifflnois                         |
|------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------|--------------------------------------------------|
| Plaintiff,                                                                                                                         | )                |              | JUL 3 1 2012                                     |
| VS,                                                                                                                                | )<br>) No        | D. 12 LA 178 | KATHERINE M. KEEFE<br>Clerk of the Circuit Court |
| DAVID GAGNON, Individually, and as Agent of CAROLINE McGUIRE and BILL McGUIRE and CAROLINE McGUIRE and BILL McGUIRE, Individually, | )<br>)<br>)<br>) |              |                                                  |
| Defendants.                                                                                                                        | )                | •<br>•       |                                                  |

## PLAINTIFF'S MOTION FOR PROTECTIVE ORDER

NOW COME the Plaintiff, PAUL DULBERG, by and through his attorneys, LAW OFFICES OF THOMAS J. POPOVICH, P.C. and for his Motion for Protective Order to preserve and protect the "chain saw" involved in the underlying occurrence along with all parts and accessories and manual/paperwork, and states as follows:

- 1. This suit arises from injuries suffered by the Plaintiff, PAUL DULBERG, on June 28, 2011, when he was negligently struck by a "chain saw" operated by DAVID GAGNON while working on behalf and/or at the request of the Defendants, CAROLINE McGUIRE and BILL McGUIRE at their premises at 1016 W. Elder Avenue, in the City of McHenry, County of McHenry, Illinois.
- 2. Plaintiff's counsel would like an opportunity to photograph and inspect the subject "chain saw" and any parts, accessories and manual/paperwork pertaining to the saw and moves that this court order the "saw and its parts and accessories and paperwork/manual be preserved and protected without destruction or loss until further order of this court."

WHEREFORE, the Plaintiff, PAUL DULBERG, respectfully moves this Court to enter a protective order against the Defendants, their agents, employees, staff and/or representatives and any others under it's control, and it's attorneys, to preserve and protect the chain saw and its parts and accessories and paperwork/manual, from any destruction, alterations, modifications, or other changes from its condition as presently exists, until further order of the court and to present the saw and its parts etc within 30 days hereof to the Plaintiff's counsel for inspection and photographing.

Respectfully Submitted:

Hans A. Mast, Attorney for Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH, P.C.

3416 W. Elm Street McHenry, IL 60050 815/344-3797 ARDC. #06203684

S:\Main\DULBERG, PAUL\Motious\Motion for Protective Order 7-24-12.wpd

| STATE OF ILLINOIS                                    | )         |                                     | 0245281968.1/SKO/ACCARDO/ |
|------------------------------------------------------|-----------|-------------------------------------|---------------------------|
| COUNTY OF MCHENRY                                    | ) SS<br>) |                                     |                           |
| IN THE CIRCUIT COUR<br>M                             |           | TWENTY-SECOND JU<br>DUNTY, ILLINOIS | DICIAL DISTRICT           |
| PAUL DULBERG,                                        | 1         |                                     |                           |
| Plaintiff(s),                                        |           | CASE NO. 12LA00                     | 0178                      |
| vs.                                                  |           |                                     |                           |
| DAVID GAGNON, Individually Agent of CAROLINE MCGUIRI |           |                                     |                           |

## NOTICE OF SERVICE OF INTERROGATORIES TO PLAINTIFF

BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE,

Defendant(s).

Individually,

Plaintiff, PAUL DULBERG, is hereby requested and required to answer, under oath, in writing, and within the time allowed by the Illinois Supreme Court Rules, the attached Interrogatories propounded by the Defendant(s), DAVID GAGNON. The Plaintiff is further requested to serve said answers in accordance with the Illinois Rules of the Supreme Court.

I HEREBY CERTIFY that on September 5, 2012

, a true and correct copy of the

foregoing Notice, together with the Interrogatories, were mailed to:

Hans A. Mast Law Offices of Thomas J. Popovich, P.C. 3416 W Elm St McHenry IL 60050

Attorney for Plaintiff(s) Paul Dulberg

Cicero, France, Barch & Alexander PC 6323 East Riverside Blvd Rockford, IL 61114

Attorney for Co-Defendants, Caroline and Bill McGuire

LAW OFFICE OF M, GERARD GREGOIRE

200 N LaSalle St Ste 26

Chicago, IL 60601;

Telephone:

By:

CARDO

Firm No.: 46878

Attorney Bar No.: 6228720

Attorney for Defendant(s):

Gagnon

## INTERROGATORIES TO PLAINTIFF

**INSTRUCTIONS**: Please insert your answers in the space provided following each question. If additional space is needed, so indicate in the space provided, prepare your answer on a separate paper and attach.

1. State your full name, your current residence address, date of birth, marital status, driver's license number and issuing state, and the last four digits of your social security number.

### ANSWER:

2. State the full name and current residence address of each person who witnessed or claims to have witnessed the occurrence that is the subject of this suit (hereinafter referred to simply as the occurrence).

#### **ANSWER:**

3. State the full name and current residence address of each person, not named in interrogatory No. 2 above, who was present and/or claims to have been present at the scene immediately before, at the time of, and/or immediately after the occurrence.

## **ANSWER:**

4. As a result of the occurrence, were you made a Defendant in any criminal or traffic case? If so, state the court, the caption, the case number, the charge or charges filed against you, whether you pleaded guilty thereto and the final disposition.

#### ANSWER:

5. Describe the personal injuries sustained by you as a result of the occurrence.

## **ANSWER:**

6. State whether you have recovered from the injuries you allege to have suffered in the occurrence complained of. If not, describe the nature and extent of any continuing complaint or disability and state the name and address of each health care provider with whom you treat or consult for any continuing complaint or disability.

#### **ANSWER:**

7. State the name and address of your primary care physician or any other physician or health care provider who examined and/or treated you within the last 10 years. State the reason for such examination or treatment.

#### ANSWER:

- 8. With regard to your injuries, state:
  - (a) The name and address of each attending physician and/or health care professional;

- (b) The name and address of each consulting physician and/or other health care professional;
- (c) The name and address of each person and/or laboratory taking any X-ray, MRI and/or other radiological tests of you;
- (d) The date or inclusive dates on which each of them rendered you service;
- (e) The amounts to date of their respective bills for services; and
- (f) From which of them you have written reports.

## **ANSWER:**

9. As the result of your personal injuries, were you a patient or outpatient in any hospital and/or clinic? If so, state the names and addresses of all hospitals and/or clinics, the amounts of their respective bills and the date or inclusive dates of their services.

## **ANSWER:**

- 10. As a result of your personal injuries, were you unable to work? If so, state:
  - (a) The name and address of your employer, if any, at the time of the occurrence, your wage and/or salary, and the name of your supervisor and/or foreperson;
  - (b) The date or inclusive dates on which you were unable to work;
  - (c) The amount of wage and/or income lost claimed by you; and
  - (d) The name and address of your present employer and your wage and/or salary.

## ANSWER:

11. State any and all other expenses and/or losses you claim as a result of the occurrence. As to each expense and/or loss, state the date or dates it was incurred, the name of the person, firm and/or company to whom such amounts are owed, whether the expense and/or loss in question has been paid and, if so, by whom it was so paid, and describe the reason and/or purpose for each expense and/or loss.

#### **ANSWER:**

12. Had you suffered any personal injury or prolonged, serious and/or chronic illness prior to the date of the occurrence? If so, state when and how you were injured and/or ill, where you were injured and/or ill, describe the injuries and/or illness suffered, and state the name and address of each physician, or other health care professional, hospital and/or clinic rendering you treatment for each injury and/or chronic illness.

#### ANSWER:

13. Are you claiming any psychiatric, psychological and/or emotional injury as a result of this occurrence? If so, state:

- (a) The name of any psychiatric, psychological and/or emotional injury claimed, and the name and address of each psychiatrist, physician, psychologist, therapist or other health care professional rendering you treatment for each injury;
- (b) Whether you had suffered any psychiatric, psychological and/or emotional injury prior to the date of the occurrence; and
- (c) If (b) is in the affirmative, please state when and the nature of any psychiatric, psychological and/or emotional injury, and the name and address of each psychiatrist, physician, psychologist, therapist or other health care professional rendering you treatment for each injury.

## **ANSWER:**

14. Have you suffered any personal injury or prolonged, serious and/or chronic illness since the date of the occurrence? If so, state when you were injured and/or ill, where and how you were injured and/or ill, describe the injuries and/or the illness suffered, and state the name and address of each physician or other health care professional, hospital and/or clinic rendering you treatment for each injury and/or chronic illness.

## **ANSWER:**

15. Have you ever filed any other suits for your own person injuries? If so, state the nature of the injuries claimed, the courts and the captions in which filed, the years filed, and the titles and docket numbers of the suits.

## **ANSWER:**

Have you ever filed a claim for and/or received any workers' compensation benefits? if so, state the name and address of the employer against whom you filed for and/or received benefits, the date of the alleged accident or accidents, the description of the alleged accident or accidents, the nature of you injuries claimed and the name of the insurance company, if any, who paid any such benefits.

## ANSWER:

17. Were any photographs, movies and/or videotapes taken of the scene of the occurrence or of the persons and/or vehicles involved? If so, state the date or dates on which such photographs, movies and/or videotapes were taken, the subject thereof, who now has custody of them, and the name, address occupation and employer of the person taking them.

#### **ANSWER:**

- 18. Have you (or has anyone acting on your behalf) had any conversations with any person at any time with regard to the manner in which the occurrence complained of occurred, or have you overheard any statements made by any person at any time with regard to the injuries complained of by Plaintiff or to the manner in which the occurrence complained of occurred? If the answer to this interrogatory is in the affirmative, state the following:
  - (a) The date or dates of such conversations and/or statements;

- (b) The place of such conversations and/or statements;
- (c) All persons present for the conversations and/or statements;
- (d) The matters and things stated by the person in the conversations and/or statements;
- (e) Whether the conversation was oral, written and/or recorded; and
- (f) Who has possession of the statement if written and/or recorded.

## **ANSWER:**

19. Do you know of any statements made by any person relating to the occurrence? If so, give the name and address of each such witness, the date of the statement, and state whether such statement was written and/or oral.

### ANSWER:

20. Had you consumed any alcoholic beverage within twelve (12) hours immediately prior to the occurrence? If so, state the names and addresses of those from whom it was obtained, where it was consumed, the particular kind and amount of alcoholic beverage so consumed by you, and the names and current residence addresses of all persons known by you to have knowledge concerning the consumption of the alcoholic beverages.

## **ANSWER:**

21. Have you ever been convicted of a misdemeanor involving dishonesty, false statement or a felony? If so, state the nature thereof, the date of the conviction, and the court and the caption in which the conviction occurred. For the purpose of this interrogatory, a plea of guilty shall be considered a conviction.

## ANSWER:

22. Had you used drugs or medications within twenty-four (24) hours immediately prior to the occurrence? If so, state the names and addresses of those from whom it was obtained, where it was used, the particular kind and amount of drug or medication so used by you, and the names and current addresses of all persons known by you to have knowledge concerning the use of the drug or medication.

## ANSWER:

- 23. Have you received any payment and/or other consideration from any source in compensation for the injuries alleged in you complaint? If your answer is in the affirmative, state:
  - (a) The amount of such payment and/or other consideration received;
  - (b) The name of the person, firm, insurance company and/or corporation making such payment or providing other consideration and the reason for the payment and/or other consideration; and

(c) Whether there are any documents evidencing such payment and/or other consideration received.

### **ANSWER:**

24. State the names and addresses of all persons who have knowledge of the purpose for which the vehicle was being used at the time of the occurrence.

### **ANSWER:**

- 25. Pursuant to Illinois Supreme Court Rule 213(f), provide the following:
  - (a) List the name(s) and address(s) of each lay witness(s) and identify the subjects on which the witness(s) will testify;
  - (b) List the name(s) and address(s) of each independent witness(s) and identify the subjects on which the witness(s) will testify and the opinions the party expects to elicit;
  - (c) List the name(s) and address(s) of each controlled expert witness(s) and identify:
    - (i) The subject matter on which the witness(s) will testify;
    - (ii) The conclusions and opinions of the witness(s) and the bases therefore;
    - (iii) The qualifications of the witness(s), and
    - (iv) Any reports prepared by the witness(s) about the case.

#### **ANSWER:**

26. List the names and addresses of all other persons (other than yourself and persons heretofore listed) who have knowledge of the facts of the occurrence and/or the injuries and damages claimed to have resulted therefrom.

#### **ANSWER:**

27. Identify any statements, information and/or documents known to you and requested by any of the foregoing interrogatories which you claim to be the work product or subject to any common law or statutory privilege, and with respect to each interrogatory, specify the legal basis for the claim as required by Illinois Supreme Court Rule 201(n).

#### ANSWER:

Under penalties as provided by law pursuant to 735 ILCS 5/1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that he/she verily believes the same to be true.

PAUL DULBERG

| STATE OF ILLINOIS | )    |
|-------------------|------|
|                   | ) SS |
| COUNTY OF MCHENRY | )    |

# IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUDICIAL DISTRICT McHENRY COUNTY, ILLINOIS

PAUL DULBERG,

Plaintiff(s),

CASE NO. 12LA000178

VS.

DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually,

Defendant(s).

# NOTICE OF SERVICE OF INTERROGATORIES TO CO-DEFENDANT

Co-Defendant, BILL MCGUIRE, is hereby requested and required to answer, under oath, in writing, and within the time allowed by the Illinois Supreme Court Rules, the attached Interrogatories propounded by the Defendant(s), DAVID GAGNON. The Co-Defendant is further requested to serve said answers in accordance with the Illinois Rules of the Supreme Court.

I HEREBY CERTIFY that on September 5, 2012

, a true and correct copy of the

foregoing Notice together with the Interrogatories were mailed to:

Hans A. Mast Law Offices of Thomas J. Popovich, P.C. 3416 W Elm St McHenry IL 60050

Attorney for Plaintiff(s) Paul Dulberg

Cicero, France, Barch & Alexander PC 6323 East Riverside Blvd Rockford, IL 61114

Attorney for Co-Defendants, Caroline and Bill McGuire

LAW OFFICE OF M. GERARD GREGOIRE

200 N LaSalle St Ste/26

Chicago, IL 60601-109

Telephone:

By:

Firm No.: 46878

Attorney Bar No.: 6228720 Attorney for Defendant(s):

Dayid Gagnon

# **INTERROGATORIES TO CO-DEFENDANT**

#### **BILL MCGUIRE**

**INSTRUCTIONS**:

Please insert your answers in the space provided following each question. If additional space is needed, so indicate in the space provided, prepare your answer on a separate paper and attach.

1. State the full name of the Defendant answering as well as your current residence address, date of birth, marital status, driver's license number and issuing state, and the last four digits of your social security number, and, if different, give the full name as well as the current address, date of birth, marital status, driver's license number and issuing state, and social security number of the individual signing the answers.

#### **ANSWER:**

2. State the full name and current residence address of each person who witnessed or claims to have witnessed the occurrence that is the subject of this suit.

#### **ANSWER:**

3. State the full name, and current residence address of each person not named (in 2) above who was present or claims to have been present at the scene immediately before, at the time of or immediately after said occurrence.

# ANSWER:

4. As a result of said occurrence were you made a Defendant in any criminal or traffic case? If so, state the court, the case number, the charge or charges placed against you and whether or not you pleaded guilty thereto and the final disposition.

#### ANSWER:

5. Were you the owner of the chainsaw used in the alleged occurrence? If so, was said chainsaw repaired and, if so, when, where, and by whom and what was the cost of said repairs?

#### **ANSWER:**

6. If you were the owner of the chainsaw in question, were you named or covered under any policy of liability insurance effective on the date of said occurrence and, if so, state the name of each such company, the policy number, the effective period, and the maximum liability limits for each person and each occurrence, including umbrella or excess insurance coverage, property damage and medical payment coverage.

- 7. Do you have any information tending to indicate:
  - (a) That any Plaintiff was, within the five years immediately prior to said occurrence confined in a hospital, treated by a physician or x-rayed for any reason other than

personal injury? If so, state the Plaintiff so involved and give the name and address of each hospital, physician, technician or clinic, the approximate date of such confinement or service and state, in general the reason for such confinement or service.

- (b) That any Plaintiff had suffered serious personal injury prior to the date of said occurrence? If so, state each Plaintiff so involved and state when, where and, in general, how he or she was injured and describe, in general, the injuries suffered.
- (c) That any Plaintiff has suffered either (a) any personal injury or (b) serious illness, since the date of said occurrence? If so, state each Plaintiff so involved and, for (a) state when, where and, in general how he or she was injured and describe, in general, the injuries suffered and for (b) state when he or she was ill and describe, in general the illness.
- (d) That any Plaintiff has ever filed any other suit for his or her own personal injuries? If so, state each Plaintiff so involved and give the court in which filed, the year filed and the title and docket number of said case.

# ANSWER:

8. Were any photographs, movies and/or videotapes taken of the scene of the occurrence or of the persons or vehicles involved? If so, state the date or dates on which such photographs, movies and/or videotapes were taken, the subjects thereof and who now has custody of them, and the name, address and occupation and employer of the person taking them.

#### ANSWER:

- 9. Have you (or has anyone acting on your behalf) had any conversations with any person at any time with regard to the manner in which the occurrence complained of occurred, or have you overheard any statements made by any person at any time with regard to the injuries complained of by Plaintiff or the manner in which the occurrence complained of occurred? If the answer to this interrogatory is in the affirmative, state the following:
  - (a) The date or dates of such conversations and/or statements;
  - (b) The place of such conversations and/or statements;
  - (c) All persons present for the conversations and/or statements;
  - (d) The matters and things stated by the person in the conversations and/or statements;
  - (e) Whether the conversation was oral, written and/or recorded; and
  - (f) Who has possession of the statement if written and/or recorded.

#### ANSWER:

10. Do you know of any statements made by any person relating to the occurrence complained of by the Plaintiff? If so, give the name and address of each such witness and the date of the statement, and state whether such statement was written and/or oral.

#### ANSWER:

11. Had you consumed any alcoholic beverage within twelve (12) hours immediately prior to the occurrence? If so, state the names and addresses of those from whom it was obtained, where it was consumed, the particular kind and amount of alcoholic beverage so consumed by you, and the names and current residence addresses of all persons known by you to have knowledge concerning the consumption of the alcoholic beverages.

#### **ANSWER:**

12. Have you ever been convicted of a misdemeanor involving dishonesty, false statement or a felony? If so, state the nature thereof, the date of the conviction, and the court and the caption in which the conviction occurred. For the purpose of this interrogatory, a plea of guilty shall be considered a conviction.

#### **ANSWER:**

13. Had you used drugs or medications within twenty-four (24) hours immediately prior to the occurrence? If so, state the names and addresses of those from whom it was obtained, where it was used, the particular kind and amount of drug or medication so used by you, and the names and current addresses of all persons known by you to have knowledge concerning the use of the drug or medication.

#### ANSWER:

14. Were you employed on the date of the occurrence? If so, state the name and address of your employer, and the date of employment and termination, if applicable. If you answer is in the affirmative, state the position, title and nature of your occupational responsibilities with respect to your employment.

#### **ANSWER:**

15. What was the purpose and/or use for which the chainsaw was being operated at the time of the occurrence?

#### **ANSWER:**

16. State the names and addresses of all persons who have knowledge of the purpose for which the vehicle was being used at the time of the occurrence.

#### ANSWER:

17. Do you have any medical and/or physical condition which required a physician's report and/or letter of approval in order to drive? If so, state the nature of the medical and/or physical condition, the physician or other health care professional who issued the letter and/or report, and the names and addresses of any physician or other health care professional who treated you for this condition prior to the occurrence.

0245281968.1/SKO/ACCARDO/ga

STATE OF ILLINOIS
) SS
COUNTY OF MCHENRY

IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUDICIAL DISTRICT MCHENRY COUNTY, ILLINOIS

PAUL DULBERG.

Plaintiff(s),

CASE NO. 12LA000178

VS.

DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually,

Defendant(s),

# ANSWERS TO CO-DEFENDANT INTERROGATORIES

The Defendant, DAVID GAGNON, in response to the Interrogatories propounded states as follows:

1. State the full name, present residence address and birth date of the person answering these Interrogatories.

ANSWER: David A. Gagnon, 39010 90th Place, Genoa City Wisconsin 53128 DOB: 4/3/1697

2. State your marital status on the date of the occurrence in question and, if married, your spouse's name and age on said date.

ANSWER: Married; Pamela Gagnon, 39010 90th Place, Genoa City Wisconsin 53128.

- 3. State the full name and present or last known address (indicating which) of each person who:
  - (a) Witnessed or claims to have witnessed the occurrence in question.
  - (b) Was present or claims to have been present at the scene immediately before said occurrence.
  - (c) Was present or claims to have been present immediately after said occurrence.
  - (d) Otherwise has or claims to have any knowledge of the facts or possible causes of the occurrence to include any damages or injuries alleged to have resulted from said occurrence.

ANSWER: David A. Gagnon, 39010 90th Place, Genoa City Wisconsin 53128; Paul Dulberg, 4606 Hayden Ct, McHenry Illinois 60050; Carolyn McGuire, 1016 W. Elder

| I HEREBY CERTIFY that on                                                            | , a true and correct copy of the |
|-------------------------------------------------------------------------------------|----------------------------------|
| foregoing Answers to Interrogatories were filed with the Clerk of                   | the Circuit Court of McHenry     |
| County and a copy of same was also mailed to:                                       |                                  |
| Hans A. Mast Law Offices of Thomas J. Popovich, P.C. 3416 W Elm St McHenry IL 60050 |                                  |

Attorney for Plaintiff(s) Paul Dulberg

Cicero, France, Barch & Alexander PC 6323 East Riverside Blvd Rockford, IL 61114

Attorney for Co-Defendants, Caroline and Bill McGuire

LAW OFFICE OF M. GERARD GREGOIRE 200 N LaSalie St Ste 2650 Chicago, IL 60601-1092 Telephone: 312-558-9821

By;
PERRY A. ACCARDO

Firm No.: <u>46878</u> E-MAIL ADDRESS:

ILLINOISLEGAL@ALLSTATE.COM

Attorney Bar No.: 6228720 Attorney for Defendant(s): David Gagnon

| STATE OF ILLINOIS | )    |
|-------------------|------|
| •                 | ) SS |
| COUNTY OF MCHENRY | )    |

# IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUDICIAL DISTRICT McHENRY COUNTY, ILLINOIS

PAUL DULBERG,

Plaintiff(s),

CASE NO. 12LA000178

VS.

DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually,

Defendant(s).

# NOTICE OF SERVICE OF MEDICARE SUPPLEMENTAL INTERROGATORY TO PLAINTIFF

Plaintiff, PAUL DULBERG, is hereby requested and required to answer, under oath, in writing, and within the time allowed by the Illinois Supreme Court Rules, the attached Medicare Supplemental Interrogatory propounded by the Defendant(s), DAVID GAGNON. The Plaintiff is further requested to serve said answers in accordance with the Illinois Rules of the Supreme Court.

I HEREBY CERTIFY that on September 5, 2012

, a true and correct copy of the

foregoing Notice together with the Supplemental Interrogatory were mailed to:

Hans A. Mast Law Offices of Thomas J. Popovich, P.C. 3416 W Elm St McHenry IL 60050

Attorney for Plaintiff(s) Paul Dulberg

Cicero, France, Barch & Alexander PC 6323 East Riverside Blvd Rockford, IL 61114

Attorney for Co-Defendants, Caroline and Bill McGuire

LAW OFFICE OF M. GERARD GREGOIRE

200 N LaSalle St Ste/2650

Chicago, IL 60601-1

Telephone: *5*/5**8-**9821

By:

RDO

Attorsey Bar No.: 6228720

Attorney for Defendant(s):

David Gagnon

# MEDICARE SUPPLEMENTAL INTERROGATORY TO PLAINTIFF, PAUL DULBERG

**INSTRUCTIONS**:

Please insert your answer in the space provided following the question. If additional space is needed, so indicate in the space provided, prepare your answer on a separate paper and attach.

1. As of January 1, 2010, the Federal Government is requiring all insurance companies that pay out for injuries, whether it be for at-fault (liability), no fault or medical expense payments from an accident, product liability, workers' compensation or the like, to report whether or not the claimant is a Medicare or Medicaid recipient. A person who is 65 years or older, a person with certain disabilities, or a person with end-stage renal failure may qualify for Medicare. In compliance with that request, we are requesting the following information, which must be updated throughout the claim and will be re-asked upon closing of the claim (pursuant to Supreme Court Rule 213 and the federal law):

Has Plaintiff/Plaintiff's decedent/the minor or disabled adult for which an injury is claimed, received payments or benefits from Medicare or Medicaid? If yes, please provide the name of the recipient, the recipient's gender, the recipient's Medicare Health Insurance Card Number or Social Security Number and the recipient's date of birth. In the case where the Medicare/Medicaid recipient is a minor or disabled adult or for another reason has a guardian, custodian, conservator, or other person who makes his/her medical decisions, please provide the name of the guardian, custodian, conservator, or other person who makes the medical decisions for the minor, disabled adult, or other Medicare recipient. Please be advised that pursuant to federal law these questions must be answered in their entirety or Defendant's insurance company will not be able to issue payments out of the claim. If while this claim is pending, Plaintiff, petitioner, Plaintiff's decedent, or the minor or disabled adult for which a claim of injury is advanced in this lawsuit becomes a Medicare recipient, please update this interrogatory.

#### **ANSWER:**

Under penalties as provided by law pursuant to 735 ILCS 5/1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that he/she verily believes the same to be true.

PAUL DULBERG

# STATE OF ILLINOIS IN THE CIRCUIT COURT OF THE 22<sup>ND</sup> JUDICIAL CIRCUIT COUNTY OF McHENRY

| PAUL DULBERG,                                                                                                                       | )                    |
|-------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| Plaintiff,                                                                                                                          | ) Case No. 12 LA 178 |
| vs.                                                                                                                                 | )                    |
| DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually, | )<br>)<br>)<br>)     |
| Defendants.                                                                                                                         | )                    |

# **NOTICE OF SERVING DISCOVERY**

TO: McHenry County Circuit Clerk
McHenry County Government Center
2200 North Seminary Avenue
Woodstock, IL 60098

PLEASE TAKE NOTICE that on September 27, 2012, Defendant Bill McGuire and Carolyn McGuire by their attorneys, Cicero, France, Barch & Alexander, PC, caused the following documents to be served upon the Defendant David Gagnon, by mailing copies of same to his attorney and other counsel of record, as indicated on the attached Certificate of Service:

- 1. Answer to Defendant David Gagnon's Interrogatories to Co-Defendant Bill McGuire.
- Answer to Defendant David Gagnon's Consolidated Notice to Produce and to Supreme Court Rule 214 and Supreme Court Rule 237 by Co-Defendants Bill McGuire and Carolyn McGuire.

CAROLYN MCGUIRE and BILL MCGUIRE, Defendants, by their attorneys, CICERO, FRANCE, BARCH & ALEXANDER, P.C.,

RONALD A. BARCH (6209572)

#### **CERTIFICATE OF SERVICE**

The undersigned hereby certifies that a copy of the foregoing document was

served upon:

Attorney Perry A. Accardo Law Office of M. Gerard Gregoire 200 N. LaSalle St., Ste 2650 Chicago, IL 60601-1092 Attorney Hans A. Mast Law Offices of Thomas J. Popovich 3416 West Elm Street McHenry, IL 60050

Cicero, France, Barch & Alexander, P.C. 6323 East Riverside Blvd. Rockford, IL 61114 815/226-7700 815/226-7701 (fax)

## STATE OF ILLINOIS IN THE CIRCUIT COURT OF THE 22<sup>ND</sup> JUDICIAL CIRCUIT COUNTY OF McHENRY

| PAUL DULBERG,                                                                                                                       | )                    |
|-------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| Plaintiff,                                                                                                                          | ) Case No. 12 LA 178 |
| vs.                                                                                                                                 | )                    |
| DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually, | )<br>)<br>)<br>)     |
| Defendants.                                                                                                                         | )                    |

# ANSWER TO DEFENDANT DAVID GAGNON'S CONSOLIDATED NOTICE TO PRODUCE PURSUANT TO SUPREME COURT RULE 214 AND SUPREME COURT RULE 237 BY DEFENDANTS BILL McGUIRE AND CAROLINE McGUIRE

TO: Mr. David Gagnon c/o Perry Accardo Law Office of M. Gerard Gregoire 200 N LaSalle Street, Ste 2650 Chicago, IL 60601-1092

Defendants, BILL McGUIRE AND CAROLYN McGUIRE (improperly named Caroline), by and through their attorneys, Cicero, France, Barch & Alexander, PC, and for their Answer to Defendant's, David Gagnon, Consolidated Notice to Produce Pursuant to Supreme Court Rule 214 and Supreme Court Rule 237, state as follows:

1. Produce for the purpose of adverse examination at trial and arbitration, pursuant to 735 ILCS 5/2-1102, Plaintiff Hans A. Mast.

**ANSWER:** No answer required.

2. All copies of damage bills, estimates of repair or replacement for any property claimed to have been damaged in the occurrence in question, including, but not limited to, estimates, cancelled checks, receipts or other documentary evidence representing payment for such damages.

ANSWER: None known to answering Defendant. - \$50 FOR Prescriptions

Per Danes Dep.

3. All photographs or video, images, of any of the parties to this suit, of vehicles, property, or physical objects involved in the occurrence, scene of the occurrence. For each item produced, identify the date the item was originally produced, the identity and contact information of the photographer, videographer, filmmaker or other individual who produced the item described and the identity and contact information of the current custodian of the original item described.

**ANSWER:** None, other than photo copies that accompanied Plaintiff's production response to Defendants.

4. Any statement, memoranda, or other writing recording of any interview with any party, other person, or witness who has knowledge of the facts alleged in the Complaint or who has opinions relating to any of the issues alleged in the Complaint, except those protected by privilege.

ANSWER: None in answering Defendants' possession other than the typed statement of David Gagnon, which was included in Plaintiff's production response to Defendants (see attached).

5. Any releases, hold harmless, or any other type of settlement agreements between Plaintiff(s) and any other party which may have been responsible for the damages claimed by Plaintiff(s).

ANSWER: None known to answering Defendants.

6. All policies of insurance providing collateral source of payments to the Plaintiff(s), including, but not limited to, medical payment insurance, disability insurance, PIP insurance, and/or employment related insurance. Please attach any/all policies of insurance referred to above.

ANSWER: Requested. Will produce upon receipt.

7. Any and all medical hospital, medication, therapeutic, clinical records, bills and reports. Any Social Security records relating to applications for disability claims, along with documentary evidence.

ANSWER: None, other than those included in Plaintiff production response to Defendants

Page 3 - Missing 48 three #15

- 16. If the party or his attorney responding to this Request to produce knows of the existence or location of any document or items requested, even though they are not within the current possession of the party or his/her attorney, identify the location, the custodian and the nature of the document or items.
  - The date on which said document or tangible object was created; a.
  - b. The name and last known address of the author of the document or maker of the tangible object;
  - The name and last known address of the recipient of the document or tangible object c.
  - Tusorance Policies? A brief description of the subject matter of the document or description of the d. tangible object or item;

The basis of the claim of privilege. e.

Not known to answering Defendants. ANSWER:

17. An affidavit of the responding party of their attorney stating whether the production is complete in accordance with this Request pursuant to Supreme Court Rule 214 and Supreme Court Rule 237.

ANSWER: No answer required.

18. Copies of all individual United States and applicable individual state income tax returns. including any and all W2 forms and supporting documents for the year before, the year of and each year after the occurrence at issue. Further if any claim of lost income is based on self-employment, produce and all business and accounting records, including the name, address and telephone number of the accountant keeping or maintaining said records, for the year before, the year of and each year after the occurrence at issue.

ANSWER:

Objection. This request seeks information which is irrelevant. Answering further, the Defendants have not injected their personal income as an issue in

Hiding Assets?

CAROLYN MCGUIRE and BILL MCGUIRE, Defendants, by their attorneys, CICERO, FRANCE, BARCH & ALEXANDER, P.C.,

RONALD A. BARCH (6209572)

Cicero, France, Barch & Alexander, P.C. 6323 East Riverside Blvd. Rockford, IL 61114 815/226-7700

| STATE OF ILLINOIS   | )    |
|---------------------|------|
|                     | ) SS |
| COUNTY OF WINNEBAGO | )    |

RONALD A. BARCH, being first duly sworn on oath, deposes and states that he is one of the attorneys for the Defendants, BILL McGUIRE and CAROLYN McGUIRE, that he has read the foregoing Answer signed by him; that the allegations as to insufficient knowledge are true to the best of his knowledge and belief.

RONALD A. BARCH

Subscribed and sworn to before me on 9-27-12

Notary Public

OFFICIAL SEAL TINA A FINK OTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:07/05/14

#### **CERTIFICATE OF SERVICE**

The undersigned hereby certifies that a copy of the foregoing document was

served upon:

Attorney Perry A. Accardo Law Office of M. Gerard Gregoire 200 N. LaSalle St., Ste 2650 Chicago, IL 60601-1092 Attorney Hans A. Mast Law Offices of Thomas J. Popovich 3416 West Elm Street McHenry, IL 60050

by depositing the same in the United States Post Office Box addressed as above, postage prepaid,

at Rockford, Illinois, at 5:00 o'clock p.m. on

9/27/12

Cicero, France, Barch & Alexander, P.C. 6323 East Riverside Blvd. Rockford, IL 61114 815/226-7700 815/226-7701 (fax)

# STATE OF ILLINOIS IN THE CIRCUIT COURT OF THE 22<sup>ND</sup> JUDICIAL CIRCUIT COUNTY OF McHENRY

| PAUL DULBERG,                                                                                                                       | ) |                    |
|-------------------------------------------------------------------------------------------------------------------------------------|---|--------------------|
| Plaintiff,                                                                                                                          | ) | Case No. 12 LA 178 |
| vs.                                                                                                                                 | ) |                    |
| DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually, | ) |                    |
| Defendants.                                                                                                                         | ) | ,                  |

#### **NOTICE OF SERVING DISCOVERY**

TO: McHenry County Circuit Clerk McHenry County Government Center 2200 North Seminary Avenue Woodstock, IL 60098

PLEASE TAKE NOTICE that on September 27, 2012, Defendant Bill McGuire and Carolyn McGuire by their attorneys, Cicero, France, Barch & Alexander, PC, caused the following documents to be served upon the Defendant David Gagnon, by mailing copies of same to his attorney and other counsel of record, as indicated on the attached Certificate of Service:

- 1. Interrogatories to Co-Defendant Gagnon.
- 2. Request to Produce to Co-Defendant Gagnon.

CAROLYN MCGUIRE and BILL MCGUIRE, Defendants, by their attorneys, CICERO, FRANCE, BARCH & ALEXANDER, P.C.,

By\_\_\_\_\_\_RONALD A. BARCH (6209572)

#### **CERTIFICATE OF SERVICE**

The undersigned hereby certifies that a copy of the foregoing document was

served upon:

Attorney Perry A. Accardo Law Office of M. Gerard Gregoire 200 N. LaSalle St., Ste 2650 Chicago, IL 60601-1092

Attorney Hans A. Mast Law Offices of Thomas J. Popovich 3416 West Elm Street McHenry, IL 60050

by depositing the same in the United States Post Office Box addressed as above, postage prepaid, at Rockford, Illinois, at 5:00 o'clock p.m. on 9/27/12.

Cicero, France, Barch & Alexander, P.C. 6323 East Riverside Blvd. Rockford, IL 61114 815/226-7700 815/226-7701 (fax)

# STATE OF ILLINOIS IN THE CIRCUIT COURT OF THE 22<sup>ND</sup> JUDICIAL CIRCUIT COUNTY OF MCHENRY

| PAUL DULBERG,                                                                                                                            | )                                                |
|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| Plaintiff,                                                                                                                               | ) Case No. 12 LA 178                             |
| vs.  DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually, | ) ) INTERROGATORIES TO ) CO-DEFENDANT GAGNON ) ) |
| Defendants.                                                                                                                              | )                                                |
| TO: David Gagnon c/o Attorney Perry A. Accardo Law Office of M. Gerard Gregoire 200 N. LaSalle St., Ste 2650 Chicago, H. 60601-1092      |                                                  |

The Defendants, BILL McGUIRE and CAROLYN McGUIRE, by Cicero, France, Barch & Alexander, PC, their attorneys, hereby propound the following written interrogatories upon DAVID GAGNON to be answered in writing and under oath within the time required by law based upon information available to him.

<u>INTERROGATORY NO. 1</u>): State the full name, present residence address and birthdate of the person answering these Interrogatories.

#### ANSWER:

<u>INTERROGATORY NO. 2</u>): State your marital status on the date of the occurrence in question and, if married, your spouse's name and age on said date.

<u>INTERROGATORY NO. 3</u>): State the full name and present or last known address (indicating which) of each person who:

(a) Witnessed or claims to have witnessed the occurrence in question.

#### ANSWER:

(b) Was present or claims to have been present at the scene immediately before said occurrence.

#### ANSWER:

(c) Was present or claims to have been present immediately after said occurrence.

#### ANSWER:

(d) Otherwise has or claims to have any knowledge of the facts or possible causes of the occurrence to include any damages or injuries alleged to have resulted from said occurrence.

#### ANSWER:

<u>INTERROGATORY NO. 4</u>): State specifically and with certainty the personal injuries and property damage, if any, sustained by PAUL DULBERG as a result of said occurrence.

INTERROGATORY NO. 5): With regard to said injuries, state:

(a) The name and address of each treating and/or consulting practitioner.

#### ANSWER:

(b) The name and address of each hospital or clinic where PAUL DULBERG was treated and the date or inclusive dates on which each hospital or clinic rendered PAUL DULBERG service.

#### ANSWER:

(c) The amount to date of their respective bills for services.

#### ANSWER:

(d) Those from whom you have written reports. (Pursuant to Supreme Court Rule 214, please attach a legible copy of said report to the answers hereto.)

#### ANSWER:

<u>INTERROGATORY NO. 6</u>): State the name and address of each witness, party, plaintiff or defendant from whom you have obtained statements, indicating whether such statements are written or oral, who has possession of such statements, and pursuant to Supreme Court Rule 214, attach legible copies of any written statements hereto.

<u>INTERROGATORY NO. 7</u>): State whether PAUL DULBERG was hospitalized or had suffered any illness or personal injury prior to or subsequent to the date of said occurrence, and if so, state the nature and date of each such hospitalization, illness or personal injury.

#### ANSWER:

INTERROGATORY NO. 8): State whether PAUL DULBERG suffered any permanent scarring as a result of the accident alleged in the complaint. If so, state the location of such scar, the width and length of such scar or scars. (Pursuant to Supreme Court Rule 214, please attach any photos of any such scar to your answers hereto.)

#### ANSWER:

INTERROGATORY NO. 9): State whether prior to the accident alleged in the complaint PAUL DULBERG suffered any physical disability or impairment of any kind whatsoever. If so, state the nature of such physical disability or impairment and how PAUL DULBERG came to have such physical disability or impairment.

#### ANSWER:

INTERROGATORY NO. 10): State the location of the alleged occurrence, pinpointing such location in feet, inches and direction from fixed objects or boundaries at the scene of the occurrence.

INTERROGATORY NO. 11): State with particularity the nature of the alleged defect, object substance or condition which caused the alleged occurrence giving the exact dimensions and physical description of such including the size, shape, color, height, length and depth of such defect or object.

#### **ANSWER:**

INTERROGATORY NO. 12): State with particularity what PAUL DULBERG was doing at the time of the accident alleged in the complaint.

#### ANSWER:

<u>INTERROGATORY NO. 13</u>): State with particularity what DAVID GAGNON was doing at the time of the accident alleged in the complaint.

#### **ANSWER:**

INTERROGATORY NO. 14): State with particularity the address for David Gagnon on June 28, 2011.

#### ANSWER:

INTERROGATORY NO. 15): State with particularity all the reasons why PAUL DULBERG was present on the premises known commonly as 1016 W. Elder Avenue, City of McHenry, County of McHenry, Illinois on the date of the alleged occurrence.

INTERROGATORY NO. 16): State with particularity all the reasons why DAVID GAGNON was present on the premises known commonly as 1016 W. Elder Avenue, City of McHenry, County of McHenry, Illinois on the date of the alleged occurrence.

ANSWER:

INTERROGATORY NO. 17): State with particularity your basis for alleging that David Gagnon was working under the supervision and control of Defendants Bill McGuire and Carolyn McGuire at the time of the occurrence, as asserted in your answer to Plaintiff's Complaint.

ANSWER:

<u>INTERROGATORY NO. 18</u>): State with particularity your basis for alleging that Defendants Bill McGuire and Carolyn McGuire instructed and/or advised David Gagnon in the use of a chain saw on or before the date of the occurrence, as asserted in your answer to Plaintiff's Complaint.

ANSWER:

INTERROGATORY NO. 19): State with particularity your basis for alleging that David Gagnon was under the supervision and control of Defendants Bill McGuire and Carolyn McGuire and working as their apparent and actual agent on the date of and at the time of the occurrence, as asserted in your answer to Plaintiff's Complaint.

<u>INTERROGATORY NO. 20</u>): State with particularity any and all defects associated with the chain saw you believe or claim was involved in the occurrence alleged in Plaintiff's Complaint.

#### ANSWER:

INTERROGATORY NO. 21): State whether any photographs or videos were taken of the scene of the occurrence or of the persons, objects or premises involved, and if so, state the number of photographs or videos taken, their subject matter and who now has custody of them.

#### ANSWER:

<u>INTERROGATORY NO. 22</u>): Pursuant to Supreme Court Rule 213(f), furnish the identity and addresses of witnesses who will testify at trial and the following information:

- (a) For each lay witness, identify the subjects on which the witness will testify.
- (b) For each independent expert witness, identify the subjects on which the witness will testify and the opinions the party expects to elicit.
- (c) For each controlled expert witness, identify:
  - (i) the subject matter on which the witness will testify;
  - (ii) the conclusions and opinions of the witness and the bases therefor;
  - (iii) the qualifications of the witness; and
  - (iv) any reports prepared by the witness about the case.

Pursuant to Illinois Supreme Court Rule 213(i), please seasonably supplement or amend any answer or response to the preceding interrogatories and to the interrogatories previously answered in this case whenever new or additional information subsequently becomes known to you or your attorneys.

CAROLYN MCGUIRE and BILL MCGUIRE, Defendants, by their attorneys, CICERO, FRANCE, BARCH & ALEXANDER, P.C.,

Bv

RONALD A. BARCH (6209572)

#### **CERTIFICATE OF SERVICE**

The undersigned hereby certifies that a copy of the foregoing document was

served upon:

Attorney Perry A. Accardo Law Office of M. Gerard Gregoire 200 N. LaSalle St., Ste 2650 Chicago, IL 60601-1092

Attorney Hans A. Mast Law Offices of Thomas J. Popovich 3416 West Elm Street McHenry, IL 60050

by depositing the same in the United States Post Office Box addressed as above, postage prepaid,

at Rockford, Illinois, at 5:00 o'clock p.m. on 9/27/12.

Cicero, France, Barch & Alexander, P.C. 6323 East Riverside Blvd. Rockford, IL 61114 815/226-7700 815/226-7701 (fax)

# STATE OF ILLINOIS IN THE CIRCUIT COURT OF THE 22<sup>ND</sup> JUDICIAL CIRCUIT COUNTY OF McHENRY

| PAUL DULBERG,                                                                                                                       | )                       |
|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| Plaintiff,                                                                                                                          | )<br>Case No. 12 LA 178 |
| Vs.                                                                                                                                 | )                       |
| DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually, | )<br>)<br>)<br>)        |
| Defendants.                                                                                                                         | )                       |

# **NOTICE OF SERVING DISCOVERY**

TO: McHenry County Circuit Clerk
McHenry County Government Center
2200 North Seminary Avenue
Woodstock, IL 60098

PLEASE TAKE NOTICE that on August 6, 2012, the Defendants herein by their attorneys, Cicero, France, Barch & Alexander, PC, caused the following documents to be served upon the Plaintiff herein, by mailing copies of same to the attorneys of record for the Plaintiff, as indicated on the attached Certificate of Service:

- 1. Answers to Plaintiff's Written Interrogatories by Bill McGuire and Carolyn McGuire.
- 2. Response to Plaintiff's Production by Bill McGuire and Carolyn McGuire.

CAROLYN MCGUIRE and BILL MCGUIRE, Defendants, by their attorneys, CICERO, FRANCE, BARCH & ALEXANDER, P.C.,

RONALD A. BARCH (6209572)

#### **CERTIFICATE OF SERVICE**

The undersigned hereby certifies that a copy of the foregoing document was

served upon:

Attorney Hans A. Mast Law Offices of Thomas J. Popovich 3416 West Elm Street McHenry, IL 60050

by depositing the same in the United States Post Office Box addressed as above, postage prepaid, at Rockford, Illinois, at 5:00 o'clock p.m. on 2/6/12.

Cicero, France, Barch & Alexander, P.C. 6323 East Riverside Blvd. Rockford, IL 61114 815/226-7700 815/226-7701 (fax)

# STATE OF ILLINOIS IN THE CIRCUIT COURT OF THE 22<sup>ND</sup> JUDICIAL CIRCUIT COUNTY OF McHENRY

| PAUL DULBERG,                                                                                                                       | ) |                    |
|-------------------------------------------------------------------------------------------------------------------------------------|---|--------------------|
| Plaintiff,                                                                                                                          | ) | Case No. 12 LA 178 |
| Vs.                                                                                                                                 | ) |                    |
| DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually, | ) |                    |
| Defendants.                                                                                                                         | ) |                    |

# ANSWER TO PLAINTIFF'S REQUEST TO PRODUCE BY DEFENDANTS BILL McGUIRE AND CAROLINE McGUIRE

TO: Paul Dulberg c/o Attorney Hans A. Mast Law Offices of Thomas J. Popovich 3416 West Elm Street McHenry, IL 60050

Defendants, BILL McGUIRE AND CAROLYN McGUIRE (improperly named Caroline), by and through their attorneys, Cicero, France, Barch & Alexander, PC, and for their Answer to Plaintiff's Request to Produce, state as follows:

- 1. All statements (oral, written, or transcribed, signed or unsigned) by parties to this action given to some person or entity other than their attorney or insurer.
  - ANSWER: None in Defendants' possession other than the typed statement of David Gagnon, which was included in Plaintiff's production response.
- 2. All statements (oral, written, or transcribed, signed or unsigned) from any person who:
  - a) Witnessed or claims to have witnessed the occurrence specified in the Plaintiff's Complaint;

- b) Was present at the scene of the occurrence;
- c) Has or claims to have knowledge of any of the facts of the occurrence specified in the Plaintiff's Complaint;
- d) Has or claims to have knowledge of the condition of the Plaintiff; or
- e) Has or claims to have knowledge of the location specified in the Plaintiff's Complaint.

ANSWER: (a) thru (e): See response to Request No. 1.

3. All photographs, slides, motion pictures, videotapes, or other photographic reproductions taken subsequent to the alleged occurrence of the Plaintiff, any physical objects involved in the occurrence, the scene of the occurrence, and/or the occurrence itself.

ANSWER: None, other than the photo copies that accompanied Plaintiff's production response.

4. All documents pertaining to the physical or mental condition of the Plaintiff prior and subsequent to the alleged occurrence including injuries sustained in other accidents

ANSWER: None, other than the medical records and bills and accompanied Plaintiff's production response.

5. Complete, unedited, and unabridged copies of any and all medical reports and documents pertaining to the Plaintiff, and purporting to diagnose, analyze and/or otherwise evaluate any and all injuries allegedly sustained by the Plaintiff in the occurrence specified in the Plaintiff's Complaint.

ANSWER: See response to Request No. 4.

6. Complete unedited, and unabridged copies of any and all police, accident or incident documents and reports, including any supplementary or reconstruction reports prepared in conjunction with the occurrence set forth in the Plaintiff's Complaint.

ANSWER: None in the Defendants' possession.

7. All documents, articles, papers and textbooks you intend to use during the trial of this cause.

ANSWER: Not determined yet.

8. All rules, regulations, bylaws, guidelines of any public authority, inspecting or reviewing authority or other private body, which you intend to use during the trial of this cause.

ANSWER: Not determined yet.

9. All reports or documents which may contain the opinions, theories, conclusions, or estimates regarding the condition of the Plaintiff existing both prior to and subsequent to the incident in question or the matters in question.

ANSWER: None in Defendants' possession at this time other than as reflected in the medical records that accompanied Plaintiff's production response.

10. All reports or documents which may contain the opinions, theories, conclusions, or estimates regarding the occurrence in question.

**ANSWER:** See response to Request No. 9.

11. A certified copy of all liability insurance policies and declaration pages that covered the Defendant for the acts or omissions, as alleged in the Plaintiff's Complaint including the policies of members of the Defendant's household.

ANSWER: Requested. Will be produced upon receipt.

12. Each and every document, record, report, writing memorandum, physical object and the like revealed or referenced in this Defendant's Answers to Supreme Court Rule 213

ANSWER: With the exception of Plaintiff's production response, the answering Defendants are not in possession of responsive documents at this time.

13. All maintenance or inspection schedules, records, logs, notes, charts, calendars, or other tangible evidence concerning the maintenance or inspection of the exterior of the premises described in the complaint including dates, locations, employees, and nature of such work.

ANSWER: No such documents exist.

14. All maintenance or inspection schedules, records, logs, notes, charts, calendars or other tangible evidence concerning the maintenance or work described in the complaint on the premises including dates, locations, employees, and nature of such work.

**ANSWER:** No such documents exist.

15. All incident reports, investigation or other tangible evidence concerning the accident alleged, witnesses etc.

ANSWER: Defendants remain in possession of the real property in question and also remain in possession of the subject chain saw and associated manual.

16. Preserve and maintain the chain saw and any other instrumentalities of the accident or scene.

ANSWER: No response required.

17. Any written invoices, payments or writings concerning hiring, retaining for use of David Gagnon for work at the premises.

ANSWER: No such documents exist.

CAROLYN MCGUIRE and BILL MCGUIRE, Defendants, by their attorneys, CICERO, FRANCE, BARCH & ALEXANDER, P.C.,

 $\mathbf{R}\mathbf{v}$ 

RONALD A. BARCH (6209572)

Cicero, France, Barch & Alexander, P.C. 6323 East Riverside Blvd. Rockford, IL 61114 815/226-7700 815/226-7701 (fax)

| STATE OF ILLINOIS   | )    |
|---------------------|------|
|                     | ) SS |
| COUNTY OF WINNEBAGO | )    |

RONALD A. BARCH, being first duly sworn on oath, deposes and states that he is one of the attorneys for the Defendants, BILL McGUIRE and CAROLYN McGUIRE, that he has read the foregoing Answer signed by him; that the allegations as to insufficient knowledge are true to the best of his knowledge and belief.

RONALD & BARCH

Subscribed and sworn to before me on 8 6 2

Notary Public

5

#### **CERTIFICATE OF SERVICE**

The undersigned hereby certifies that a copy of the foregoing document was served upon:

Attorney Hans A. Mast Law Offices of Thomas J. Popovich 3416 West Elm Street McHenry, IL 60050

by depositing the same in the United States Post Office Box addressed as above, postage prepaid, at Rockford, Illinois, at 5:00 o'clock p.m. on 8/6/12.

Cicero, France, Barch & Alexander, P.C. 6323 East Riverside Blvd. Rockford, IL 61114 815/226-7700 815/226-7701 (fax)

# STATE OF ILLINOIS IN THE CIRCUIT COURT OF THE $22^{ND}$ JUDICIAL CIRCUIT COUNTY OF McHENRY

| PAUL DULBERG,                                                                                                                                        | )                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| Plaintiff,                                                                                                                                           | ) Case No. 12 LA 178                                                                                               |
| vs.                                                                                                                                                  | )                                                                                                                  |
| DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually,  Defendants.     | ) ) ) ) ) ) ) NOTICE OF SUBPOENAED ) DISCOVERY DEPOSITION ) )                                                      |
| TO: Attorney Hans A. Mast Law Offices of Thomas J. Popovich 3416 West Elm Street McHenry, IL 60050                                                   | Attorney Perry A. Accardo Law Office of Steven A. Lihosit 200 N. LaSalle Street, Suite 2550 Chicago, IL 60601-1092 |
| On January 17, 2014, at 1:00 p.m., at the Elm Street, McHenry, Illinois, the subpoenaed of taken before a certified court reporter on oral interest. | R                                                                                                                  |
| Cicero, France, Barch & Alexander, P.C. 6323 East Riverside Blvd. Rockford, IL 61114 815/226-7700 fax: 226-7701                                      | RONALD A. BARCH (6209572)                                                                                          |
| CERTIFICAT                                                                                                                                           | E OF SERVICE                                                                                                       |
| I certify that on November 4, 2013, I ser whom it is directed.                                                                                       | ved this notice by mailing a copy to each person to                                                                |
| cc: Deb Fisher Reporting                                                                                                                             | depnot.thomas.mike (mi)                                                                                            |

To: medchex

Date: 2/7/2012 12:21:50 PM



PATIENT:

DULBERG, PAUL

MRN:

1585839

EXAM:

PHYSICIAN: LEVIN, MD, KAREN

MR FOREARM W/ AND

W/O 73220

DOB:

03/19/1970

**DOS:** 02/03/2012

EXAMINATION: MRI examination of the right forearm without and with intravenous contrast infusion..

CLINICAL HISTORY: History of right forearm trauma with a chainsaw, Possible neuroma, nerve impingement or injury in the forearm. Possible tendon disruption. It appears that the patient had some difficulty holding still during image acquisition. There is motion artifact on this examination. Weakness in the fourth and fifth fingers. Pain in the forearm and hand.

TECHNIQUE: Multiplanar T1 and T2-weighted spin-echo pulse sequences and STIR sequence. Post-infusion multiplanar T1-weighted sequences were performed. A skin marker was taped to the point of maximal symptoms.

Contrast: 15 cc of gadolinium was infused.

FINDINGS: There is no bone abnormality seen. The bone marrow signal characteristics are normal.

There is no cystic or solid mass appreciated. The visualized muscles have normal signal characteristics.

There is no abnormal soft tissue infiltration or induration. Specifically, in the area of the skin marker which is marking the point of maximal symptoms, there is no soft tissue abnormality appreciated.

There is no abnormality identified along the course of the ulnar nerve in the forearm.

IMPRESSION: There is no forearm abnormality appreciated. This does not exclude the possibility of an ulnar nerve impingement or injury but there is no gross mass or abnormal infiltration along the expected course of the ulnar nerve. No obvious tendon or muscle abnormality appreciated at this time.

Thank you for referring your patient to Open Advanced MRI. If you have any questions, Dr. Levin, please feel free to contact me at my direct line which is: 630.885.2100.

720 Rollins Road Round Lake Beach, IL 60073 Phone: 847-546-3600 Fax: 847-546-3633 www.openadvancedmri.com

To: medchex

Page: 2/3

Date: 2/7/2012 12:21:50 PM



PATIENT: DULBERG, PAUL

MRN:

DOB:

1585839

03/19/1970

PHYSICIAN: LEVIN, MD, KAREN

**EXAM:** MR FOREARM W/ AND

W/O 73220

**DOS:** 02/03/2012

EXAMINATION: MRI examination of the right forearm without and with intravenous contrast infusion..

CLINICAL HISTORY: History of right forearm trauma with a chainsaw. Possible neuroma, nerve impingement or injury in the forearm. Possible tendon disruption. It appears that the patient had some difficulty holding still during image acquisition. There is motion artifact on this examination. Weakness in the fourth and fifth fingers. Pain in the forearm and hand.

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There is no abnormal soft tissue infiltration or induration. Specifically, in the area of the skin marker which is marking the point of maximal symptoms, there is no soft tissue abnormality appreciated.

There is no abnormality identified along the course of the ulnar nerve in the forearm.

IMPRESSION: There is no forearm abnormality appreciated. This does not exclude the possibility of an ulnar nerve impingement or injury but there is no gross mass or abnormal infiltration along the expected course of the ulnar nerve. No obvious tendon or muscle abnormality appreciated at this time.

Thank you for referring your patient to Open Advanced MRI. If you have any questions, Dr. Levin, please feel free to contact me at my direct line which is: 630,885.2100.

720 Rollins Road Round Lake Beach, IL 60073 Phone: 847-546-3600 Fax: 847-546-3633 www.openadvancedmri.com

To: medchex

Page: 3/3

Date: 2/7/2012 12:21:50 PM



DULBERG, PAUL MR FOREARM W/ AND W/O 73220 02/03/2012

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Page 2 of 2

Thank you for referring your patient to Open Advanced MRI of Round Lake.

Electronically Signed By: THOMAS A. PREDEY MD

To the referring or consulting physician: If you would like to discuss this case in more detail or have any questions, please feel free to contact the author of this report:

Dr. lan Fisher (847) 414-5055, Dr. Jay Korach (847) 691-7673



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WHEREAS MedChex is a business that provides funding for certain medical procedure(s) for Patients that do not have health insurance but need medical care at this Pacility as a result of injuries Patient sustained related to Patient's personal injury claim;

WHEREAS Patient agrees that Patient does not have medical insurance or any other means to pay for the procedure(s) that Patient is sacking from the Facility;

WHEREAS the Patient understands that if Patient has medical insurance Patient must submit appropriate documentation to the Facility and not sign this Agreement;

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NOW THEREFORE it is agreed that Patient will receive services from the Facility which shall be financed by MedChen. It is further agreed and acknowledged that through this Agreement MedChex will maintain a lien against Patient for the billed rate of the procedure(s) received in the amount specified in the document titled "Patient Agreement Addendum", which shall be attached hereto and signed by the Patient, Patient acknowledges and agrees that MedChex billed rate for the procedure(s) was disclosed to Patient on the Patient Agreement Addendum and that this billed rate represents MedChex standard rates and such rates may be page or less than the amount that the

Facility customarily charges. Patient agrees to pay MedChex in the full lien amount representing MedChex billed rate(s) at the time that Patient's legal claim is resolved. Patient further agrees that Patient's obligation to pay MedChex is absolute and that it is Patient's responsibility to repay such lien.

Patient agrees by an through this Agreement to hereby irrevocably instruct Patient's attorney or any subsequent attorney(s) or tortfeasor's insurance carriers related to Patient's legal claim, that upon the Settlement and Distribution of Proceeds in connection with Patient's legal olaim(s), that Patient's attorney protect and satisfy MedChex's lien before releasing any funds to Patient Patient and MedChex agree that should there be a dispute in the amount owed to MedChex, Patient's attorney or toxtfeasor's insurance carrier is required to hold funds pending the resolution of the dispute. Patient agrees to instruct the Party distributing funds that if the attorney-client relationship is severed, the attorney must provide MedChex with applicable torticasors's insurance and/or updated attenney information in order for MedChex to protect its item. Patient agrees that if a payment is issued to Patient related to Patient's legal claim that the attorney representing Patient will be directed to deposit the check into the attorney's trust account and pay MedChex lien in full before releasing any funds to Patient.

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Patient: Paul Dulberg

2-3-12 Date

Global Financial Credit, LLC: Wensley McKenney

\_\_1/31/2012\_\_ Date

\*In order to initiate an arbitration either party must notify the other party in writing by certified mail (the "Demand"), which must: (a) briefly explain the dispute, (b) list the name, address and phone number of the both Parties, (c) specify the amount of money involved, (d) state the preferred bearing locate, and (e) state where you want to resolve the dispute. Party submitting Demand must send two copies of the demand to the AAA at 1633 Broadway, 10F, New York, NY 10019, Phone (585) 387-9450, along with the appropriate administrative fee/deposit.

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The patient to receive procedure(s) at Open Advanced MRI of Round Lake, LLC on 2/3/2012 (date). Please sign to indicate you have received, or will receive on the above date, the services below, and that you agree to the billing rates and total costs as indicated.

| 66 ± 6      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    | • •                   |   |
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| 73220       | MRI FOREARM WITH & WITHOUT CONTRAST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 7 (2 (2242         |                       | l |
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Total due for all services performed on all dates of service: \$3390.00

Sign Below

Patient: Paul Dulberg

Ö

2-3-12 Date

Global Financial Credit, LLC: Wensley McKenney

1/31/2012 Date

To: medchex

Page: 2/3

Date: 2/7/2012 12:21:50 PM



PATIENT: DULBERG, PAUL

MRN:

DOB:

1585839

03/19/1970

PHYSICIAN: LEVIN, MD, KAREN

EXAM:

MR FOREARM W/ AND

W/O 73220

**DOS:** 02/03/2012

EXAMINATION: MRI examination of the right forearm without and with intravenous contrast infusion..

CLINICAL HISTORY: History of right forearm trauma with a chainsaw. Possible neuroma, nerve impingement or injury in the forearm. Possible tendon disruption. It appears that the patient had some difficulty holding still during image acquisition. There is motion artifact on this examination. Weakness in the fourth and fifth fingers. Pain in the forearm and hand.

TECHNIQUE: Multiplanar T1 and T2-weighted spin-echo pulse sequences and STIR sequence. Post-infusion multiplanar T1-weighted sequences were performed. A skin marker was taped to the point of maximal symptoms.

Contrast: 15 cc of gadolinium was infused.

FINDINGS: There is no bone abnormality seen. The bone marrow signal characteristics are normal.

There is no cystic or solid mass appreciated. The visualized muscles have normal signal characteristics.

There is no abnormal soft tissue infiltration or induration. Specifically, in the area of the skin marker which is marking the point of maximal symptoms, there is no soft tissue abnormality appreciated.

There is no abnormality identified along the course of the ulnar nerve in the forearm.

IMPRESSION: There is no forearm abnormality appreciated. This does not exclude the possibility of an ulnar nerve impingement or injury but there is no gross mass or abnormal infiltration along the expected course of the ulnar nerve. No obvious tendon or muscle abnormality appreciated at this time.

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Global Financial Credit, LLC: Wensley McKenney

1/31/2012 Date

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| CPT Code    | Procedure Name                      | Daniel         |                       |
|             |                                     | Procedure Date | MedChex Billable Cost |
| /3220       | MRI FOREARM WITH & WITHOUT CONTRAST | 2/3/2012       |                       |
| ,           |                                     | 2/3/2012       | \$3390.00             |

Total due for all services performed on all dates of service: \$3390.00

Sign Below

'n

Patient: Paul Dulberg

2-3-12

Date

Global Financial Credit, LLC: Wensley McKenney

1/31/2012 Date

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| CIRCUIT' CO                                          | OURT FOR THE 22ND JUDICI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | AL CIRCUIT A                    |
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| STATE OF ILLINOIS COUNTY OF MCHENRY  SS              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | GEN. NO. 12 CA 17B              |
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| Date 3/19/15 Plaintiff's Attorney                    | Defenda<br>Attorne                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |
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| 3 Matta                                              | 1) Contract to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Appendences                     |
| Prepared by: 1. Conder . Ap.  Attorney for: 1891 XIF | uch 4.4/91                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | or pretan( 1) Standard.         |

Attorney Registration No.: 609/7/SCANNED

CIRCUIT COURT FOR THE 22ND JUDICIAL CIRCUIT ML! FILED McHenry County, Illinois STATE OF ILLINOIS
COUNTY OF MCHENRY SS GEN. NO. 12 LA 178 FEB - 4 2015 ☐ Jury ☐ Non-Jury KATHERINE M. KEEFE Clerk of the Circuit Court Outherg ORDER This matter coming to be heard for Status, IT IS HEARY OMERLED: This matter is set for a pretrial centerence on April 9, 2015 at 1:30 p.m. in @2201. SCANNED Attorney for: Attorney Registration No.: Judge

| ing of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the seco  | CINCUP, YOURI FUR I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | rie.22nd judicial Ç               | PROUIT                                        |
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| STATE OF ILLINOIS CO-UNTY OF MCHEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1 1                               | GEN. NO                                       |
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| PAUL DU.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | KATHERINE M. KE<br>Clerk of the Circuit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Count Device                      | encorpy at al.                                |
| Date 4/3/13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Plaintiff's Attorney                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Defendant's Attorney              | McGurra - 28 ARCH<br>CARLADA - A CRANCO       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ORDER                             |                                               |
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| Plaintiff's DateAttorney_                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Med                                  | Defendant's<br>Attorney | McHenry County, Illinois   |
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| O The care<br>and tre<br>9:00 am                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | e is Cuth<br>if setting<br>in 201. E | med for<br>Februar      | 3 4, 2015                  |
| (2) Rule 21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3(E) Withers<br>way 4, 2013          |                         | e disclased                |

Prepared by: Attorney for: Atto rney Registration No.:

Judge

Dulberg 006088

201

| - ,           | IN THE CIRCU. OURT OF THE TWENTY-SECOND IL CIAL CIRCUIT MCHENRY COUNTY, ILLINOIS                                    |
|---------------|---------------------------------------------------------------------------------------------------------------------|
| Pl-ainti      | Circuit Clerk Use Only ORD ORD ORDJ                                                                                 |
|               | ORDDWP                                                                                                              |
|               | Case Number 12 LA 173                                                                                               |
| 1             | VID CARAGO. It st.                                                                                                  |
| Detend        | iant CDDED                                                                                                          |
|               | ORDER                                                                                                               |
|               | Plaintiff(s) appear in person/by attorney R. Lumbre - Rowich MeHenry County, Illinois                               |
|               | Determands) appear in personvoy automey                                                                             |
|               | Summons not served; alias summons to issue; return date NOV 2   2014, 20                                            |
|               | Summons has been properly served on Defendant(s)  WithERINE M. KEEFE                                                |
|               | Defendant(s) appear and admit liability. Judgment for Plaintiff(s) against Defendant(s) for Significant,            |
| <u>-</u>      | plus interest of \$ plus attorney fees of \$ for a total of \$ plus court costs.                                    |
|               | Defendant(s), having failed to appear or otherwise respond to the summons, is found in default. Judgment for        |
|               | Plaintiff(s) against Defendant(s) for \$, plus interest of \$                                                       |
|               | plus attorney fees of \$ for a total of \$ plus court costs.                                                        |
|               | Case set for trial arbitration on, 20 atm. in Courtroom                                                             |
|               | Defendant(s) shall file an Appearance within days of today's date, or without further Notice to                     |
|               | Defendant(s), the trial date will be stricken and a judgment by default will be entered against Defendant(s) and in |
|               | favor of Plaintiff(s).                                                                                              |
|               | NOTICE TO DEFENDANT(S): THIS IS THE ONLY NOTICE YOU WILL RECEIVE OF THE TRIAL,                                      |
|               | OR ARBITRATION DATE AND YOUR OBLIGATION TO FILE AN APPEARANCE.                                                      |
|               | Defendant(s) shall file an answer or other pleading within days of today's date.                                    |
|               | This case is continued on Motion of Plaintiff;   Defendant;   By Agreement;   Court;                                |
|               | to 12 2014, 20th at 9:00 10 m. for April 6 110(13).                                                                 |
|               | Case called, Plaintiff(s) fail to appear. Case dismissed for Plaintiff's failure to prosecute.                      |
|               | Case dismissed with/without prejudice on Plaintiff's motion.                                                        |
|               | After trial of this case, the Court enters a Judgment for Plaintiff(s) against Defendant(s) for \$                  |
|               | plus interest of \$plus attorney fees of \$ for a total of \$plus court costs.                                      |
|               | After trial of this case, the Court enters a Judgment for Defendant(s) against Plaintiff(s).                        |
|               | COURT FURTHER ORDERS:                                                                                               |
|               | SCANNET                                                                                                             |
| · <del></del> |                                                                                                                     |
|               |                                                                                                                     |
| Date:         | - Land of the                                                                                                       |
|               | Judge                                                                                                               |

CV-ORD13: Revised 10/01/08

P1

Nov 21 2014 11:42am

Sender: GUEST

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THOMAS J. POPOVICH

HANS A. MAST

JOHN A. KORNAK

### The Law Offices of Thomas J. Popovich P.C.

3416 W. Elm Street McHenry, Illinois 60050

Telephone: 815.344.3797

FACSIMILE: 815.344.5280 www.popovichlaw.com

November 21 2014

MARK J. VOGG Robert J. Lumber

November 21, 2014

VIA FACSIMILE: 877/715-9317

Perry Accardo Law Office of Steven A. Lihosit 200 N. LaSalle Street, Suite 2550 Chicago, IL 60601-1092

RE: Paul Dulberg vs. David Gagnon, Caroline McGuire and Bill McGuire McHenry County Case: 12 LA 178

Dear Mr. Accardo:

Please find enclosed the court order entered in the above-reference matter by Judge Meyer.

Very truly yours

HANS A. MAST

|              | IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUCIAI MCHENRY COUNTY, ILLINOIS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | CIRCUIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| <b>L</b> ami |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ORDJ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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|              | David Genes Case Number 10 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | · 103                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Defen        | dant V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | CARET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| ,            | <b>ORDER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ø,           | Plaintiff(s) appear in person/by attorney A Cura-ra - Por vices                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | No Mark Land Co.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|              | Defendant(s) appear in person/by attorney                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|              | Summons not served; alias summons to issue; return date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | McHenry County, 71/201s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|              | Summons has been properly served on Defendant(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|              | Defendant(s) appear and admit liability. Judgment for Plaintiff(s) against Defenda                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | nt(s) for \$OCT - 1 2014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|              | plus interest of \$ plus attorney fees of \$ for a total of \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | plus court costs.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|              | Defendant(s), having failed to appear or otherwise respond to the summons, is fou                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | nd in default. Judisment for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|              | Plaintiff(s) against Defendant(s) for \$, plus in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | nterest of \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|              | plus attorney fees of \$ for a total of \$ p                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | lus court costs.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|              | Case set for trial arbitration on, 20 at                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | .m. in Courtroom                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|              | Defendant(s) shall file an Appearance within days of today's date, or within                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|              | Defendant(s), the trial date will be stricken and a judgment by default will be enter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|              | favor of Plaintiff(s).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|              | NOTICE TO DEFENDANT(S): THIS IS THE ONLY NOTICE YOU WILL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | RECEIVE OF THE TRIAL.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|              | OR ARBITRATION DATE AND YOUR OBLIGATION TO FILE AN APPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|              | Default (A) 1 H GI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | days of today's date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|              | This case is continued on Motion of Plaintiff: Defendant: Defendant: Defendant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Agreement: Court                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|              | to 11/d1 ,20/4 at 200 1 m. for 1472,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | I and Team (D)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|              | Case called, Plaintiff(s) fail to appear. Case dismissed for Plaintiff's failure to pro                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | secute. 1/17/1/2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|              | Case dismissed with/without prejudice on Plaintiff's motion.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Romall                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|              | After trial of this case, the Court enters a Judgment for Plaintiff(s) against Defenda                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | int(s) for \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|              | plus interest of \$ plus attorney fees of \$ for a total of \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|              | After trial of this case, the Court enters a Judgment for Defendant(s) against Plaint                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|              | COURT FURTHER ORDERS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | # #53 199. 10 199. top street/or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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|              | Indee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |



THOMAS J. POPOVICH

HAINS A. MAST

JOFAN A. KORNAK

## The Law Offices of Thomas J. Popovich P.C.

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MARK J. VOGG ROBERT J. LUMBER

October 1, 2014

VIA FACSIMILE: 877/715-9317

Perry Accardo Law Office of Steven A. Lihosit 200 N. LaSalle Street, Suite 2550 Chicago, IL 60601-1092

> Paul Dulberg vs. David Gagnon, Caroline McGuire and Bill McGuire RE:

McHenry County Case: 12 LA 178

Dear Mr. Accardo:

Please find enclosed the court order entered in the above-reference matter by Judge Meyer.

Very trally yours,

HANS A. MAST

Oct 1 2014 01:51pm

Sender:GUEST TTI1:Law Offices T Popovich TTI Number: 1-815-344-5280

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MARK J. VOGG Robert J. Lumber

October 1, 2014

#### VIA FACSIMILE: 877/715-9317

Perry Accardo Law Office of Steven A. Lihosit 200 N. LaSalle Street, Suite 2550 Chicago, IL 60601-1092

> Paul Dulberg vs. David Gagnon, Caroline McGuire and Bill McGuire McHenry County Case: 12 LA 178

Dear Mr. Accardo:

Please find enclosed the court order entered in the above-reference matter by Judge Meyer.

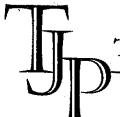
Very truly yours,

HANS A. MAST

COURT OF THE TWENTY-SECOND 3 DICIAL CIRCUIT IN THE CIRCU McHENRY COUNTY, ILLINOIS Circuit Clerk Use Only ORD Plaintiff ORDJ **ORDDWP** Case Number D efendant ORDER McHenry County, Hilnois Plaintiff(s) appear in person/by attorney Defendant(s) appear in person/by attorney 7 ? 2014 Summons not served; alias summons to issue; return date Summons has been properly served on Defendant(s) Defendant(s) appear and admit liability. Judgment for Plaintiff(s) against Defendant(s) for \$300 plus interest of \$ plus attorney fees of \$ for a total of \$ plus court costs. Defendant(s), having failed to appear or otherwise respond to the summons, is found in default. Judgment for Plaintiff(s) against Defendant(s) for \$\_\_\_\_\_\_, plus interest of \$\_\_\_\_\_ plus attorney fees of \$\_\_\_\_\_\_ for a total of \$\_\_\_\_\_ plus court costs. Case set for trial arbitration on , 20 at .m. in Courtroom Defendant(s) shall file an Appearance within days of today's date, or without further Notice to Defendant(s), the trial date will be stricken and a judgment by default will be entered against Defendant(s) and in favor of Plaintiff(s). NOTICE TO DEFENDANT(S): THIS IS THE ONLY NOTICE YOU WILL RECEIVE OF THE TRIAL, OR ARBITRATION DATE AND YOUR OBLIGATION TO FILE AN APPEARANCE. Defendant(s) shall file an answer or other pleading within days of today's date. This case is continued on Motion of Plaintiff; Defendant; By Agreement; Court: 20 14 at 9'00, am. for toral Sep Case called, Plaintiff(s) fail to appear. Case dismissed for Plaintiff's failure to prosecute. Case dismissed with/without prejudice on Plaintiff's motion. After trial of this case, the Court enters a Judgment for Plaintiff(s) against Defendant(s) for \$\_\_\_\_\_\_ plus interest of \$\_\_\_\_\_ plus attorney fees of \$\_\_\_\_\_ for a total of \$\_\_\_\_\_ plus court costs. After trial of this case, the Court enters a Judgment for Defendant(s) against Plaintiff(s). COURT FURTHER ORDERS:

CV-ORD13: Revised 10/01/08

Judge



THEOMAS J. POPOVICH

HALNS A. MAST

JOZHN A. KORNAK

### The Law Offices of Thomas J. Popovich P.C.

3416 W. ELM STREET

McHenry, Illinois 60050

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MARK J. VOGG ROBERT J. LUMBER

August 13, 2014

VIA FACSIMILE: 877/715-9317

Perry Accardo Law Office of Steven A. Lihosit 200 N. LaSalle Street, Suite 2550 Chicago, IL 60601-1092

RE: Paul Dulberg vs. David Gagnon, Caroline McGuire and Bill McGuire

McHenry County Case: 12 LA 178

Dear Mr. Accardo:

Please find enclosed the court order entered in the above-reference matter by Judge Meyer.

Very truly yours

HANS A. MAST

Sende :: GUEST

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THOMAS J. POPOVICH

HANS A. MAST

JOHN A. KORNAK

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IN THE CIRC COURT OF THE TWENTY-SECOND DICIAL CIRCUIT McHENRY COUNTY, ILLINOIS Circuit Clerk Use Only ORD FILED
McHenry County, Illinois Plaintiff ORDJ ORDDWP APR - 4 2014 Number\_\_\_ Defendant Clerk of the Circuit Court
ORDER Plaintiff(s) appear in person/by-attorney Defendant(s) appear in person/by attorney Summons has been properly served on Defendant(s) Defendant(s) appear and admit liability. Judgment for Plaintiff(s) against Defendant(s) for \$ plus interest of \$\_\_\_\_\_ plus attorney fees of \$\_\_\_\_\_ for a total of \$\_\_\_\_\_ plus court costs. П Defendant(s), having failed to appear or otherwise respond to the summons, is found in default. Judgment for Plaintiff(s) against Defendant(s) for \$\_\_\_\_\_\_, plus interest of \$\_\_\_\_\_\_ plus attorney fees of \$\_\_\_\_\_\_ for a total of \$\_\_\_\_\_ plus court costs. Case set for trial arbitration on \_\_\_\_\_\_, 20\_\_\_ at \_\_\_\_\_.m. in Courtroom \_\_\_\_\_ Defendant(s) shall file an Appearance within days of today's date, or without further Notice to Defendant(s), the trial date will be stricken and a judgment by default will be entered against Defendant(s) and in favor of Plaintiff(s). NOTICE TO DEFENDANT(S): THIS IS THE ONLY NOTICE YOU WILL RECEIVE OF THE TRIAL. OR ARBITRATION DATE AND YOUR OBLIGATION TO FILE AN APPEARANCE. Defendant(s) shall file an answer or other pleading within days of today's date. This case is continued on Motion of Plaintiff; ☐ Defendant; ☐ By Agreement; ☐ Court; Case called, Plaintiff(s) fail to appear. Case dismissed for Plaintiff's failure to prosecute. Case dismissed with/without prejudice on Plaintiff's motion. After trial of this case, the Court enters a Judgment for Plaintiff(s) against Defendant(s) for \$ plus interest of \$\_\_\_\_\_ plus attorney fees of \$\_\_\_\_\_ for a total of \$\_\_\_\_\_ plus court costs. After trial of this case, the Court enters a Judgment for Defendant(s) against Plaintiff(s). COURT FURTHER ORDERS:\_\_\_\_\_ Judge CV-ORD13: Revised 10/01/08

# CIRCUTT COURT FOR THE 22ND JUDICIAL CIRCUIT STATE OF ILLINOIS COUNTY OF MCHENRY SS FILED McHenry County, Illinois GEN. NO. 12 LA ☐ Jury ☐ Non-Jury Delary togum Plaintiff's Defendant's ORDER Now comes partes for case 5,12151 77-13 onlead This cause is can timed to 2014 d 9:00 am in 201 for to the Status of discovery and fraud Selfue,

Prepared by:

Attorney for:

Attorney Registration No.:

Judge

SCANNED

Dulberg <u>006099.</u>

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| e dismissed with/without prejudice on Plaintiff's                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ~ 1 ./ \ C . #                                                            |
| e called, Plaintiff(s) fail to appear. Case dismiss                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | prosecute.                                                                |
| January P 20/4 at 2                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           |
| s case is continued on Motion of Plaintiff;                                        | Defendant;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                           |
| endant(s) shall file an answer or other pleading v                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | days of today's date.                                                     |
| ARBITRATION DATE AND YOUR OBLIG                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           |
| TICE TO DEFENDANT(S): THIS IS THE C                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           |
| or of Plaintiff(s).                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           |
| endant(s), the trial date will be stricken and a jud                               | Igment by default will be                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | entered against Defendant(s) and in                                       |
| fendant(s) shall file an Appearance within                                         | days of today's date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | or without further Notice to                                              |
| e set for  trial  arbitration on                                                   | , 20 at                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | m. in Courtroom                                                           |
| s attorney fees of \$ for a total                                                  | of \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | plus court costs.                                                         |
| ntiff(s) against Defendant(s) for \$                                               | , pl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | us interest of \$                                                         |
| endant(s), having failed to appear or otherwise re                                 | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <del>-</del>                                                              |
| s interest of \$ plus attorney fees of                                             | for a total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | of \$plus court costs.                                                    |
| endant(s) appear and admit liability. Judgment for                                 | or Plaintiff(s) against Defe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | and dant(s) floatistrine M. REEFE                                         |
| nmons has been properly served on Defendant(s)                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 061 3 0 2013                                                              |
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CV-ORD13: Revised 10/01/08

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| ILLINOIS<br>)F MCHENRY } SS | FILED<br>McHenry County, Illinois |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| )F MCHENRY ∫ 55             | JUN - 5 2013                      | GEN. NO. <u>BLA 178</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                             | KATHERINE M. KEELE                | □Jury □ Non-Jury                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| •                           | Clerk of the Circuit Court        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| (2) The case.               | is contenued to                   | 8-14-13 at 9 Am                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Prepared by: C. Bielski     | S/Kon Barch) -                    | Separation of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon |

Judge

Attorrney for: \_

Attorney Registration No.:\_

CIRCITY COURT FOR THE 22ND JUDICIAL ROUIT

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## CIRCY COURT FOR THE 22ND JUDICIAL RCUIT

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| STATE OF ILLINOIS COUNTY OF MCHENRY | MoHenry County                   | 1 1.                    | GEN. NO. 121A178  □Jury □ Non-Jury                                                                                   |
| PAUL DUCK                           | APR - 3  KATHERING  Clerk of the | EM KEEFE Desci          | o Example, etcl.                                                                                                     |
| Date 4/3/13                         | Plaintiff's Attorney MAST        | Defendant's Attorney    | mehores asbace<br>Cathon - A compo                                                                                   |
|                                     |                                  | ORDER                   |                                                                                                                      |
| tre C                               | was for see                      | parties appeared to     | reming, and<br>to the Mesicia                                                                                        |
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|                                     | August 12, 2012<br>and overles   | - is head               | y woshfad                                                                                                            |
|                                     | The onvers of                    | fail evan               | · Sew and arrockat                                                                                                   |
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| Prepared by:                        | Sell or other chairson un        | wise discontrat further | the ordinary course must be accessively many accessively many accessively many accessively many access to the court. |
| Attorney for:                       |                                  |                         |                                                                                                                      |
| Attorney Registration No.:          | etta,                            | Judge SCAN              |                                                                                                                      |

# CIRC T COURT FOR THE 22ND JUDICIAL IRCUIT

| STATE OF ILLINOIS COUNTY OF MCHENRY SS |                               | GEN. NO. 12 LA 178                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| PAUL DUCK                              | SERG vs.                      | DAVID GABNON etcl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Date 43/13 Plaintin                    | ey MAST                       | Defendant's Weblies - BARCH Attorney CARROLIN - Accordo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| . •                                    | ORDER                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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|                                        | S ORDERED:                    | )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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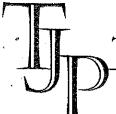
# CIRCUIT COURT FOR THE 22ND JUDICIAL TROUIT

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| Prepared by:     |                                                                                                                |                                                | The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state 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Attorney Registration No.:

|                      | IN THE CIRCLE COURT OF THE TWENTY-SECOND 1 ICIAL CIRCLET 2 #11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1                    | McHENRY COUNTY, ILLINOIS  Circuit Clefk Use Only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Plainti              | ord Ord Ord Ord                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                      | ORDOWP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 7                    | Case Number 12 (4 178                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Defend               | WID GASper et a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Detend               | ORDER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Ø                    | Plaintiff(s) appear in person/by attorney R. Cum hen - Popule 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                      | Defendant(s) appear in person/by attorney                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                      | Summons not served; alias summons to issue; return date FLED 320                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                      | Summons has been properly served on Defendant(s)  MicHenry County, Illinois                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                      | Defendant(s) appear and admit liability. Judgment for Plaintiff(s) against Defending & 2012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                      | plus interest of \$plus attorney fees of \$for a total of \$plus court costs.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| S <mark>EL</mark> 45 | Defendant(s), having failed to appear or otherwise respond to the summons, is freeholding failed to appear or otherwise respond to the summons, is freeholding failed to appear or otherwise respond to the summons, is freeholding failed to appear or otherwise respond to the summons, is freeholding failed to appear or otherwise respond to the summons, is freeholding failed to appear or otherwise respond to the summons, is freeholding failed to appear or otherwise respond to the summons, is freeholding failed to appear or otherwise respond to the summons, is freeholding failed to appear or otherwise respond to the summons, is freeholding failed to appear or otherwise respond to the summons. |
|                      | Plaintiff(s) against Defendant(s) for \$, plus interest of \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                      | plus attorney fees of \$ for a total of \$ plus court costs.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                      | Case set for trial arbitration on , 20 at m. in Courtroom                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                      | Defendant(s) shall file an Appearance within days of today's date, or without further Notice to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                      | Defendant(s), the trial date will be stricken and a judgment by default will be entered against Defendant(s) and in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                      | favor of Plaintiff(s).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                      | NOTICE TO DEFENDANT(S): THIS IS THE ONLY NOTICE YOU WILL RECEIVE OF THE TRIAL,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Description          | OR ARBITRATION DATE AND YOUR OBLIGATION TO FILE AN APPEARANCE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                      | Defendant(s) shall file an answer or other pleading within days of today's date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Ø                    | This case is continued on Motion of Plaintiff; Defendant; By Agreement; Court;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                      | to 1/50 ,20/P at 9-00, Am. for VAATES OF SISCOURS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                      | Case called, Plaintiff(s) fail to appear. Case dismissed for Plaintiff's failure to prosecute. Ram 20/P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                      | Case dismissed with/without prejudice on Plaintiff's motion.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                      | After trial of this case, the Court enters a Judgment for Plaintiff(s) against Defendant(s) for \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                      | plus interest of \$plus attorney fees of \$ for a total of \$ plus court costs.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                      | After trial of this case, the Court enters a Judgment for Defendant(s) against Plaintiff(s).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 13/                  | COURT FURTHER ORDERS: All Worten 1) war / NAII be appliful                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                      | by //Pu/IDSCANNED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| · <u></u>            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Date:                | ( ) - A Milan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| _                    | Judge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

CV-ORD13: Revised 10/01/08



THOMAS J. POPOVICH

HANS A. MAST

JOHEN A. KORNAK

# The Law Offices of Thomas J. Popovich P.C.

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FACSIMILE: 815.344.5280

www.popovichlaw.com

MARK J. VOGG JAMES P. TUTAJ ROBERT J. LUMBER THERESA M. FREEMAN

November 28, 2012

VIA FACSIMILE: 815/226-7701

Ronald A. Barch Cicero, France, Barch & Alexander, PC 6323 E. Riverside Blvd. Rockford, IL 61114 VIA FACSIMILE: 312/558-9357

Perry Accardo Law Office of M. Gerard Gregoire 200 N. LaSalle Street, Suite 2650 Chicago, IL 60601-1092

RE: Paul Dulberg vs. David Gagnon, Caroline McGuire and Bill McGuire McHenry County Case: 12 LA 178

Dear Counselors:

Please find enclosed the court order entered in the above-reference matter by Judge Meyer.

Very truly yours,

HANS A. MAST

smq Enclosure

S:\Main\DULBERG, PAUL\Letters\Letter to Atiys to Order 11-28-12.wpd

#### \*\* Transmit Conf.Report \*\*

P.1 LAW OFFICE T POPOVICH Fax 1-815-344-5280

Nov 28 2012 02:44pm

| Fax/Phone Number | Mode   | Start      | Time  | Page | Result | Note    |
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Very truly yours,

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smq Enclosure

SAMAGARCALBERT, PAVIALEET Michigan on Abya no Order H-10449, orga

|                                       | IN THE CIRCUIT COURT OF THE TWENTY-SECOND DICIAL CIRCUIT                                                                           |
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| , , , , , , , , , , , , , , , , , , , | McHENRY COUNTY, ILLINOIS  Cirguit Clerk Use Only                                                                                   |
| Plainti                               | ord ord                                                                                                                            |
| ± lanti.                              | ORDJ ORDDWP                                                                                                                        |
|                                       | Vs Case Number                                                                                                                     |
|                                       | AVID GASMON C/ G(                                                                                                                  |
| Defend                                |                                                                                                                                    |
|                                       | ORDER                                                                                                                              |
| Z                                     | Plaintiff(s) appear in person/by attorney R. Cumber law of T. Repurch                                                              |
| X                                     | Defendant(s) appear in person/by attorney                                                                                          |
|                                       | Summons not served; alias summons to issue; return date  Summons has been properly served on Defendant(s)  McHenry County, Illnois |
|                                       | Summons has been properly served on Defendant(s)                                                                                   |
|                                       | Defendant(s) appear and admit liability. Judgment for Plaintiff(s) against Defendant(s) \$ 8 2012                                  |
|                                       | plus interest of \$ plus attorney fees of \$ for a total of \$ plus court costs.                                                   |
|                                       | Defendant(s), having failed to appear or otherwise respond to the summons, is found in default. Judgment for                       |
|                                       | Plaintiff(s) against Defendant(s) for \$, plus interest of \$                                                                      |
|                                       | plus attorney fees of \$ for a total of \$ plus court costs.                                                                       |
|                                       | Case set for trial arbitration on, 20 atm. in Courtroom                                                                            |
|                                       | Defendant(s) shall file an Appearance within days of today's date, or without further Notice to                                    |
|                                       | Defendant(s), the trial date will be stricken and a judgment by default will be entered against Defendant(s) and in                |
| •                                     | favor of Plaintiff(s).                                                                                                             |
|                                       | NOTICE TO DEFENDANT(S): THIS IS THE ONLY NOTICE YOU WILL RECEIVE OF THE TRIAL,                                                     |
|                                       | OR ARBITRATION DATE AND YOUR OBLIGATION TO FILE AN APPEARANCE.                                                                     |
|                                       | Defendant(s) shall file an answer other pleading within days of today's date.                                                      |
|                                       | This case is continued an Motion of Plaintiff; Defendant; Dy Agreement; Court;                                                     |
|                                       | to                                                                                                                                 |
|                                       | Case called, Plaintiff(s) fail to appear. Case dismissed for Plaintiff's failure to prosecute.                                     |
|                                       | Case dismissed with/without prejudice on Plaintiff's motion.                                                                       |
|                                       | After trial of this case, the Court enters a Judgment for Plaintiff(s) against Defendant(s) for \$,                                |
|                                       | plus interest of \$ plus attorney fees of \$ for a total of \$ plus court costs.                                                   |
|                                       | After trial of this case, the Court enters a Judgment for Defendant(s) against Plaintiff(s).                                       |
|                                       | COURT FURTHER ORDERS:                                                                                                              |
|                                       |                                                                                                                                    |
| -                                     |                                                                                                                                    |
|                                       |                                                                                                                                    |
| Date:                                 | I formal / com                                                                                                                     |
|                                       | Judge                                                                                                                              |

|              | 15 1 #2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4.           | IN THE CIRC COURT OF THE TWENTY-SECOND CIRCUIT  MCHENRY COUNTY, ILLINOIS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| . /          | And Calbert Clerk Use Only ORD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| P1ainti      | ff ORDJ ORDDWP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|              | VS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|              | AVID 6ASOM et al. Case Number 12 4A 118                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Defend       | lant O'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| _            | ORDER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|              | Plaintiff(s) appear in person/by attorney R. Cumber Gav on T. Republy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 图            | Defendant(s) appear in person/by attorney                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|              | Summons not served; alias summons to issue; return date McHenry County, Illipois O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|              | Summons has been properly served on Defendant(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|              | Defendant(s) appear and admit liability. Judgment for Plaintiff(s) against Defendant(s) for \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|              | plus interest of \$ plus attorney fees of \$ for a total of \$ Clerk of the Circuit Court                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|              | Defendant(s), having failed to appear or otherwise respond to the summons, is found in default. Judgment for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|              | Plaintiff(s) against Defendant(s) for \$, plus interest of \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| -            | plus attorney fees of \$ for a total of \$ plus court costs.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|              | Case set for trial arbitration on, 20 atm. in Courtroom                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|              | Defeudant(s) shall file an Appearance within days of today's date, or without further Notice to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|              | Defendant(s), the trial date will be stricken and a judgment by default will be entered against Defendant(s) and in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|              | favor of Plaintiff(s).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| ·<br>:       | NOTICE TO DEFENDANT(S): THIS IS THE ONLY NOTICE YOU WILL RECEIVE OF THE TRIAL,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|              | OR ARBITRATION DATE AND YOUR OBLIGATION TO FILE AN APPEARANCE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| $\square$    | This case is continued on Motion of Plaintiff; Defendant; By Agreement; Court;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|              | to Nav. 21 ,20/2 at 2-W 1 m. for Startan - Ram 29                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|              | Case called, Plaintiff(s) fail to appear. Case dismissed for Plaintiff's failure to prosecute.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|              | Case dismissed with/without prejudice on Plaintiff's motion.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|              | After trial of this case, the Court enters a Judgment for Plaintiff(s) against Defendant(s) for \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|              | plus interest of \$ plus attorney fees of \$ for a total of \$ plus court costs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|              | After trial of this case, the Court enters a Judgment for Defendant(s) against Plaintiff(s).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Δ,           | COURT FURTHER ORDERS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <del> </del> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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|              | ludge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

CV-ORD13: Revised 10/01/08



THOMAS J. POPOVICH

## The Law Offices of Thomas J. Popovich P.C.

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MARK J. VOGG JAMES P. TUTAJ ROBERT J. LUMBER THERESA M. FREEMAN

HANS A. MAST.

JOHN A. KORNAK<sup>†</sup>

DIANA M. REITER

September 21, 2012

VIA FACSIMILE: 815/226-7701

Ronald A. Barch Cicero, France, Barch & Alexander, PC 6323 E. Riverside Blvd. Rockford, IL 61114

RE: Paul Dulberg vs. David Gagnon, Caroline McGuire and Bill McGuire

McHenry County Case: 12 LA 178

Dear Mr. Barch:

Please find enclosed the court order entered in the above-reference matter by Judge Meyer.

H-7

HANS A. MAST

smq Enclosure

S:\Main\DULBERG, PAUL\Letters\Letter to Atty Barch re Order 9-21-12.wpd

#### \*\* Transmit Conf.Report \*\*

P.1 LAW OFFICE T POPOVICH Fax 1-815-344-5280

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September 21, 2012

VIA FACSIMULE: 815/226-7701

Ronald A. Barch Cicero, France, Barch & Alexander, PC 6323 E. Riverside Blvd. Rockford, IL 61114

> RE: Paul Dulberg vs. David Gagnon, Caroline McGulre and Bill McGulre McHenry County Case: 12 LA 178

Dear Mr. Barch:

Please find enclosed the court order entered in the above-reference matter by Judge Meyer.

HANS A. MAST

truly yours,

smq Enclosure

E-Water DULBERO, PAUL Lettrory, clier to Atty Borck or Cries 9-21-12 appl

|                                             | IN THE CIRCUIT                      | OURT OF THE TWENT                             |                                | AL CIRCUIT        | <b>#</b>          |
|---------------------------------------------|-------------------------------------|-----------------------------------------------|--------------------------------|-------------------|-------------------|
| i i                                         | Sulberg                             | McHENRY COUNTY  McHenry County, Illinois      | , ILLINOIS                     | Circuit Cler      | k Use Only        |
| Plaint                                      | iff<br>Vs                           | AUG - 8 2012                                  |                                |                   | DWP ,             |
| Defen                                       | Gagnon                              | KATHERINEM, KEEFE<br>Clerk of the Grown Court | dse Number 12 i                | LA 178            |                   |
|                                             |                                     | ORDE                                          | <b>Q</b>                       |                   |                   |
|                                             | Plaintiff(s) appear in person/by    | attorney <u>T. Freem</u>                      | an 1 Papavici                  |                   |                   |
| ، لط<br>د نظ                                | Defendant(s) appear in person/b     | y attorney <u> K1911 - J</u>                  | sarch                          |                   | <u> </u>          |
|                                             | Summons not served; alias sum       | mons to issue, return date                    |                                |                   | , 20              |
|                                             | Summons has been properly ser       | ved on Defendant(s)                           |                                |                   |                   |
|                                             | Defendant(s) appear and admit I     | liability. Judgment for Plai                  | ntiff(s) against Defend        | lant(s) for \$    | •                 |
|                                             | plus interest of \$p                |                                               |                                | C                 |                   |
|                                             | Defendant(s), having failed to a    |                                               |                                | あずれ とうだい こうしゅ     | Judgment for      |
|                                             | Plaintiff(s) against Defendant(s)   | for \$                                        | plus                           | interest of \$    |                   |
|                                             | plus attorney fees of \$            | for a total of \$_                            |                                | plus court costs. |                   |
|                                             | Case set for trial arbitra          | ation on                                      | , 20 at                        | m. in C           | ourtroom          |
|                                             | Defendant(s) shall file an Appe     | arance within                                 | days of today's date, o        | r without further | Notice to         |
|                                             | Defendant(s), the trial date will   | be stricken and a judgmen                     | <u>t by default will be en</u> | tered against Def | endant(s) and in  |
|                                             | favor of Plaintiff(s).              |                                               |                                |                   |                   |
|                                             | NOTICE TO DEFENDANT(S               | ): THIS IS THE ONLY                           | NOTICE YOU WIL                 | L RECEIVE O       | F THE TRIAL,      |
|                                             | OR ARBITRATION DATE A               |                                               |                                | <u>PEARANCE.</u>  |                   |
|                                             | Defendant(s) shall file an answe    |                                               |                                | _days of today'   | s date.           |
|                                             | This case is continued on Motio     |                                               |                                | y Agreement;      | Court;            |
|                                             |                                     | , 20/2_at 9:00                                |                                | 2                 |                   |
|                                             | Case called, Plaintiff(s) fail to a | · •                                           |                                | rosecute.         | <del>D</del> )—   |
|                                             | Case dismissed with/without pre     |                                               | •                              |                   |                   |
|                                             | After trial of this case, the Court | t enters a Judgment for Pla                   | intiff(s) against Defen        | dant(s) for \$    |                   |
|                                             | · ·                                 | lus attorney fees of \$                       |                                |                   | plus court costs. |
|                                             | After trial of this case, the Court |                                               | fendant(s) against Plai        | ntiff(s).         |                   |
|                                             | COURT FURTHER ORDERS                | : Plaintiff M                                 | otion for Mol                  | ective Ore        | der is            |
| - g                                         | conted as set f                     | with my                                       | laintiff M                     | ollon:            |                   |
| - <u>-</u> - <u>-</u> - <u>-</u> - <u>-</u> |                                     | <u> </u>                                      |                                | Welling           |                   |
|                                             |                                     |                                               |                                |                   | #                 |
| Date:                                       | <u> </u>                            |                                               | l do                           | me A. M           | uger              |
| * y                                         | · · ·                               |                                               | Judg                           | en Marin          |                   |

#### IN THE CIRCUIT COURT OF THE 22<sup>nd</sup> JUDICIAL CIRCUIT McHENRY COUNTY, ILLINOIS

| PAULO DULBERG                                                                                                     | )                                                                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| $\mathbf{v}$                                                                                                      | ) Case No. 12LA178                                                                                                                                                    |
| DAVUID GAGNON, etc., et al.                                                                                       | <b>}</b>                                                                                                                                                              |
| ORDER OF RECUSAL OR ORD                                                                                           | ER FOR SUBSTITUTION OF JUDGE                                                                                                                                          |
| Reason for Reassignment:Motion for Substitution of Judge:                                                         | by Right for Cause                                                                                                                                                    |
| Recusal/Judicial Conflict (Reason)                                                                                | Popovich firm                                                                                                                                                         |
| Other:                                                                                                            |                                                                                                                                                                       |
| IT IS ORDERED: that the above entitled cas reassignment.  Dated:July 25, 2012                                     | se is referred to the office of the Presiding Judge for                                                                                                               |
| Jacob,                                                                                                            | JUDGE                                                                                                                                                                 |
| ORDER OF                                                                                                          | REASSIGNMENT                                                                                                                                                          |
| This cause being referred to the office of the                                                                    | Chief Judge for random selection of a judge;                                                                                                                          |
|                                                                                                                   | o assignment by the office of the Chief Judge this                                                                                                                    |
|                                                                                                                   | on, Courtroom 201 (Judge Thomas A. Meyer                                                                                                                              |
| Assigned to the Civil Division currently assigned to that division/courtroom                                      | on, Courtroom <u>201</u> (Judge <u>Thomas A. Meyer</u> ).                                                                                                             |
| Assigned to the Honorable                                                                                         | · · · · · · · · · · · · · · · · · · ·                                                                                                                                 |
| Case transferred to the Chief Judge for County.                                                                   | r reassignment to a judge outside of McHenry                                                                                                                          |
| Dated: 7-25-12                                                                                                    | Chief Judge                                                                                                                                                           |
| Attorney Ronald Barch<br>6328 East Riverside BI<br>Rockford, IL WILL<br>Attorney Thomas Popovi<br>3416 W. Elm St. | Proof of Service  The undersigned certifies that a copy of the forgoing document was served upon all parties of record by way of mail, fax or hand delivery on:  20 2 |
| McHenry, IL 60050                                                                                                 | Dulberg 006114                                                                                                                                                        |

#### CICERO, FRANCE, BARCH & ALEXANDER, P.C.

A Professional Corporation
Attorneys at Law
6323 EAST RIVERSIDE BOULEVARD
ROCKFORD, ILLINOIS 61114

PAUL R. CICERO
JOHN W. FRANCE
RONALD A. BARCH
CHARLES P. ALEXANDER

FAX: (815) 226-7701

TEL: (815) 226-7700

February 12, 2014

CHANTEL R. BIELSKIS ANDREW T. SMITH

> Attorney Hans A. Mast Law Offices of Thomas J. Popovich, PC 3416 West Elm Street McHenry, IL 60050

> > Case:

Paul Dulberg v. David Gagnon, Caroline McGuire and Bill McGuire (McHenry County Case No. 12 LA 178)

Dear Mr. Mast:

Enclosed herewith you will find the settlement draft necessary to conclude the settlement between Mr. Dulberg and Bill and Carolyn McGuire. I am also providing you with a copy of the "Filed" stamped Good Faith Finding and Order of Dismissal.

Please feel free to call if you have any questions concerning the above or the enclosed. I otherwise wish you and Mr. Accardo well with the remainder of the case.

Very truly yours,

RONALD A. BARCH

RB:mj\42itr.HAM

Encl.

Tom Malatia (Claim No. 13-2779-11)

Attorney Perry Accardo

ORD

# STATE OF ILLINOIS IN THE CIRCUIT COURT OF THE 22<sup>ND</sup> JUDICIAL CIRCUIT COUNTY OF McHENRY

| PAUL DULBERG,                                                                                                                       | )                  |                                      |  |
|-------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------------------|--|
| Plaintiff,                                                                                                                          | ) Case No. 1       | 12 LA 178                            |  |
| Vs.                                                                                                                                 | )                  |                                      |  |
| DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually, | )<br>)<br>)<br>. ) | McHenry County, Minols  JAN 2 2 2014 |  |
| Defendants.                                                                                                                         | ) .                |                                      |  |

#### GOOD FAITH FINDING AND ORDER OF DISMISSAL

THIS CAUSE coming on to be heard on the Motion for Good Faith Finding and for Order of Dismissal with Prejudice filed by Defendants Bill McGuire and Carolyn McGuire, and the Court being fully advised in the premises,

#### IT IS HEREBY ORDERED, ADJUDGED AND DECREED:

- 1. That settlement between Plaintiff Paul Dulberg and Defendants Bill McGuire and Carolyn McGuire (improperly named Caroline) constitutes a fair and reasonable and good faith settlement within the meaning of the Illinois Joint Tortfeasor Contribution Act, 740 ILCS 0.01 et seq.
- 2. That the good faith settlement shall henceforth constitute a bar to any and all claims that Plaintiff Paul Dulberg and Defendant David Gagnon and other known or unknown tortfeasors may have against Defendants Bill McGuire and Carolyn McGuire on account of or arising out of the injuries, if any, sustained by Plaintiff Paul Dulberg as a result of the alleged chain saw accident that occurred on June 28, 2011, whether by way of original action, third party claim, cross-claim, counterclaim, claim for contribution or otherwise.

- 3. That Defendants Bill McGuire and Carolyn McGuire be and are hereby dismissed from the above-captioned lawsuit as party defendants and cross-claimants, with prejudice, and in bar of further suit.
- 4. That that there is no just reason to delay the enforcement or appeal of this good faith finding and order of dismissal.

| DATED: |  |
|--------|--|
|        |  |

JUDGE Thomas A. Meyer

Prepared by: Ronald A. Barch Cicero, France, Barch & Alexander, PC 6323 East Riverside Blvd. Rockford, IL 61114 815/226-7700

#### CICERO, FRANCE, BARCH & ALEXANDER, P.C.

A Professional Corporation
Attorneys at Law
6323 EAST RIVERSIDE BOULEVARD
ROCKFORD, ILLINOIS 61114

PAUL R. CICERO JOHN W. FRANCE RONALD A. BARCH CHARLES P. ALEXANDER

TEL: (815) 226-7700 FAX: (815) 226-7701

February 12, 2014

CHANTEL R. BIELSKIS ANDREW T. SMITH

> Attorney Hans A. Mast Law Offices of Thomas J. Popovich, PC 3416 West Elm Street McHenry, IL 60050

Attorney Perry A. Accardo Law Office of Steven A. Lihosit 200 N. LaSalle Street, Suite 2550 Chicago, IL 60601

Case:

Paul Dulberg v. David Gagnon, Caroline McGuire and Bill McGuire (McHenry County Case No. 12 LA 178)

#### Dear Counsel:

With my departure from the case I feel compelled to address the subject of the chain saw that was involved in Mr. Dulberg's injury. Early on in the case a protective order was entered which prohibited Mr. and Mrs. McGuire from destroying or otherwise disposing of the chain saw and any associated documentation. The primary purpose behind the order of protection was to preserve the chainsaw and associated documentation until such time that Plaintiff's counsel could inspect and photographs same.

On March 20, 2013, the chain saw and owner's manual were made available for inspection and photographing. Plaintiff's counsel inspected and photographed the chainsaw. Plaintiff's counsel also secured a photocopy of the owner's manual.

On April 3, 2013, the protective order was modified to allow the Plaintiffs to use the subject chainsaw, owner's manual and associated paperwork in the ordinary course. The order further provides, however, that the owners may not destroy, dispose of, or sell the items without further order of the court.

Given the above, I am concerned about the possibility of a spoliation claim in the event the McGuires destroy, dispose of, or otherwise sell the chainsaw following my departure from the case. Please advise in writing whether you believe there is any reason to maintain the protective order as it currently exists. If not, I believe it makes sense to have the April 3, 2013 version of the protective order vacated.

I look forward to hearing from both of you at your earliest convenience.

Very truly yours,

RONALD A. BARCH

RB;mj\44ltr.OC Encl, CC Tom M

Tom Malatia (13-2779-11)

#### STATE OF ILLINOIS IN THE CIRCUIT COURT OF THE 22<sup>ND</sup> JUDICIAL CIRCUIT COUNTY OF McHENRY

| PAUL DULBERG,                                                                                                                       | )                    |
|-------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| Plaintiff,                                                                                                                          | ) Case No. 12 LA 178 |
| vs.                                                                                                                                 | j                    |
| DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually, | )<br>)<br>)<br>)     |
| Defendants.                                                                                                                         | )<br>)·              |

# MOTION FOR GOOD FAITH FINDING AND FOR ORDER OF DISMISSAL WITH PREJUDICE BY DEFENDANTS BILL McGUIRE AND CAROLYN McGUIRE

Defendants, BILL McGUIRE (aka William McGuire) and CAROLYN McGUIRE (improperly named Caroline), by and through their attorneys, Cicero, France, Barch & Alexander, P.C., hereby move this Court to dismiss all claims against them with prejudice and further request this Court to find that the settlement set forth in this motion was made in good faith and within the meaning and contemplation of the Illinois Contribution Among Joint Tortfeasors Act, 740 ILCS 100/1, et seq. In support of their Motion, Defendants Bill McGuire and Carolyn McGuire state as follows:

- 1. On or about March 15, 2012, Plaintiff Paul Dulberg filed a multiple count complaint seeking damages for personal injuries he generally attributes to a chain saw incident that occurred on or about June 28, 2011, at and upon the premises owned by Defendants Bill McGuire and Carolyn McGuire, known commonly as 1016 West Elder Avenue, City of McHenry, County of McHenry, State of Illinois.
  - 2. Plaintiff generally alleges that Defendant David Gagnon injured him with a chain

saw while working under the supervision and control of Defendants Bill McGuire and Carolyn McGuire. Defendant David Gagnon denies any and all liability for Plaintiff Paul Dulberg's injuries. Defendants Bill McGuire and Carolyn McGuire also deny any and all liability for Plaintiff Paul Dulberg's injuries and further deny that Defendant David Gagnon was under their control and supervision and working or acting as their employee or agent at the time of the alleged chain saw incident.

- 3. On February 1, 2013, Defendants Bill McGuire and Carolyn McGuire filed a cross-claim for contribution against Defendant David Gagnon. The cross-claim for contribution seeks contribution from Defendant David Gagnon for injuries claimed by Plaintiff Paul Dulberg and is based upon the terms and provisions of the Illinois Contribution Among Joint Tortfeasors Act, 740 ILCS 100/1, et seq.
- 4. Plaintiff Paul Dulberg and Defendants Bill McGuire and Carolyn McGuire have negotiated a settlement of all claims which Plaintiff brought or could have brought against Defendants Bill McGuire and Carolyn McGuire. The settlement was negotiated at arm's length over a substantial period of time, and with the advice of counsel on the part of both parties. There is no collusion or fraud on the part of any of the parties to the negotiation.
- 5. Pursuant to Section 100/2(c) of the Contribution Act, an alleged tortfeasor that settles with a claimant in good faith shall be discharged from liability for contribution to any other tortfeasors.
- 6. Defendants Bill McGuire and Carolyn McGuire deny and continue to deny liability to Plaintiff Paul Dulberg and further contest the nature and scope of the injuries Plaintiff Paul Dulberg attributes to the subject chain saw incident.
  - 7. The lump-sum payment of \$5,000.00 to Plaintiff Paul Dulberg by or on behalf of

Defendants Bill McGuire and Carolyn McGuire constitutes adequate consideration for purposes of a good faith settlement under Section 100/2(c) of the Contribution Act.

8. Defendants Bill McGuire and Carolyn McGuire respectfully suggest that the settlement with Plaintiff Paul Dulberg is and was made in good faith within the meaning of the Illinois Contribution Among Joint Tortfeasors Act, 740 ILCS 100/2(c).

WHEREFORE, the Defendants, BILL McGUIRE and CAROLYN McGUIRE, respectfully pray for the Court as follows:

- (1) For an Order declaring that the settlement between Plaintiff Paul Dulberg and Defendants Bill McGuire and Carolyn McGuire was made and entered into in good faith within the meaning of the Illinois Contribution Among Joint Tortfeasors Act, 740 ILCS 100/1, et seq.;
- (2) For an Order dismissing all civil complaints, cross-claims, counterclaims and contribution claims currently pending against Defendants Bill McGuire and Carolyn McGuire, and arising out of or otherwise connected to the injuries claimed by Plaintiff Paul Dulberg, with prejudice;
- (3) For an Order declaring that any potential future claims against Defendants Bill McGuire and Carolyn McGuire, including, without limitation, claims for contribution arising out of or otherwise connected to the chain saw incident and injuries claimed by Plaintiff Paul Dulberg, are barred;
- (4) For an Order declaring for purposes of Illinois Supreme Court Rule 304(a) that there is no just reason to delay enforcement or appeal of the Dismissal Order; and
- (5) That this Court enter an order granting such further relief as this Court deems just.

CAROLYN MCGUIRE and BILL MCGUIRE, Defendants, by their attorneys,

CICERO, FRANCE, BARCH & ALEXANDER, P.C.,

By

RONALD A. BARCH (6209572)

Cicero, France, Barch & Alexander, P.C. 6323 East Riverside Blvd. Rockford, IL 61114 815/226-7700 815/226-7701 (fax)

3

#### CERTIFICATE OF SERVICE

The undersigned hereby certifies that a copy of the foregoing document was served upon:

Attorney Perry A. Accardo Law Office of M. Gerard Gregoire 200 N. LaSalle St., Ste 2650 Chicago, IL 60601-1092

Attorney Hans A. Mast Law Offices of Thomas J. Popovich 3416 West Elm Street McHenry, IL 60050

Cicero, France, Barch & Alexander, P.C. 6323 East Riverside Blvd. Rockford, IL 61114 815/226-7700 815/226-7701 (fax)

#### STATE OF ILLINOIS IN THE CIRCUIT COURT OF THE 22<sup>ND</sup> JUDICIAL CIRCUIT COUNTY OF McHENRY

| PAUL DULBERG,                                                            | )                    |
|--------------------------------------------------------------------------|----------------------|
| Plaintiff,                                                               | ) Case No. 12 LA 178 |
| vs.                                                                      | )                    |
| DAVID GAGNON, Individually, and as<br>Agent of CAROLINE MCGUIRE and BILL | )                    |
| MCGUIRE, and CAROLINE MCGUIRE                                            | )                    |
| and BILL MCGUIRE, Individually,                                          | )                    |
| Defendants.                                                              | )                    |

#### GOOD FAITH FINDING AND ORDER OF DISMISSAL

THIS CAUSE coming on to be heard on the Motion for Good Faith Finding and for Order of Dismissal with Prejudice filed by Defendants Bill McGuire and Carolyn McGuire, and the Court being fully advised in the premises,

#### IT IS HEREBY ORDERED, ADJUDGED AND DECREED:

- 1. That settlement between Plaintiff Paul Dulberg and Defendants Bill McGuire and Carolyn McGuire (improperly named Caroline) constitutes a fair and reasonable and good faith settlement within the meaning of the Illinois Joint Tortfeasor Contribution Act, 740 ILCS 0.01 et seq.
- 2. That the good faith settlement shall henceforth constitute a bar to any and all claims that Plaintiff Paul Dulberg and Defendant David Gagnon and other known or unknown tortfeasors may have against Defendants Bill McGuire and Carolyn McGuire on account of or arising out of the injuries, if any, sustained by Plaintiff Paul Dulberg as a result of the alleged chain saw accident that occurred on June 28, 2011, whether by way of original action, third party claim, cross-claim, counterclaim, claim for contribution or otherwise.

- 3. That Defendants Bill McGuire and Carolyn McGuire be and are hereby dismissed from the above-captioned lawsuit as party defendants and cross-claimants, with prejudice, and in bar of further suit.
- 4. That that there is no just reason to delay the enforcement or appeal of this good faith finding and order of dismissal.

| DATED: |  | JUDGE Thomas A. Meyer |  |
|--------|--|-----------------------|--|
|--------|--|-----------------------|--|

Prepared by: Ronald A. Barch Cicero, France, Barch & Alexander, PC 6323 East Riverside Blvd. Rockford, IL 61114 815/226-7700

## IN THE CIRCUIT COURT FOR THE TWENTY-SECOND JUDICIAL CIRCUIT MCHENRY COUNTY, ILLINOIS

| PAUL DULBERG,                                                                                                                               | ). |     |           |
|---------------------------------------------------------------------------------------------------------------------------------------------|----|-----|-----------|
| Plaintiff,                                                                                                                                  | )  |     |           |
| vs.                                                                                                                                         | )  | No. | 12 LA 178 |
| DAVID GAGNON, Individually, and as<br>Agent of CAROLINE McGUIRE and BILL<br>McGUIRE and CAROLINE McGUIRE<br>and BILL McGUIRE, Individually, | )  |     |           |
| Defendants.                                                                                                                                 | )  |     |           |

#### PLAINTIFF'S ANSWERS TO INTERROGATORIES

1. State the full name, present residence address, birthdate, birthplace and Social Security number of the person answering these Interrogatories; and state PAUL DULBERG's full name, present residence address, birthdate, birthplace and Social Security number.

ANSWER:

Paul Dulberg

4606 Hayden Ct.

McHenry

DOB: 3-19-70

\$S: 323-76-4001

Born: Elk Grove Village

2. State your marital status on the date of the occurrence in question and, if married, your spouse's name and age on said date.

ANSWER: Single

- 3. State the full name and present or last known address (indicating which) of each person who:
  - (a) Witnessed or claims to have witnessed the occurrence in question.
  - (b) Was present or claims to have been present at the scene immediately before said occurrence.
  - (c) Was present or claims to have been present immediately after said occurrence.
  - (d) Otherwise has or claims to have any knowledge of the facts or possible causes of the occurrence to include any damages or injuries alleged to have resulted from said occurrence.

ANSWER: Plaintiff and Defendant Gagnon. McGuires were on the premises.



4. State specifically and with certainty the personal injuries and property damage, if any, sustained to PAUL DULBERG as a result of said occurrence.

ANSWER: Objection, requires medical narrative. Without waiving, Plaintiff suffered deep laceration of right arm with nerve involvement. Investigation continues.

5. With regard to said injuries, state:

(a) The name and address of each treating and/or consulting practitioner.

(b) The name and address of each hospital or clinic where PAUL DULBERG was treated and the date or inclusive dates on which each hospital or clinic rendered PAUL DULBERG service.

(c) The amount to date of their respective bills for services.

(d) Those from whom you have written reports. (Pursuant to Supreme Court Rule 214, please attach a legible copy of said report to the answers hereto.)

ANSWER: See attached Medical Expense Report. Additional bills and records to be obtained from Drs. Marcus Talerico (Mid America Hand to Shoulder) and Karen Levin/Mitchell Grobman (Associated Neurology), Biofora/Sagerman (Hand Surgery Associates) and Fox Lake Dynamic Hand Therapy.

6. As a result of said personal injuries to PAUL DULBERG, are you claiming any loss of income including, but not limited to, wages or salaries? If so, state:

(a) The name and address of your employer at the time of the occurrence.

(b) The dates or inclusive dates on which you were unable to work and the amount of income loss claimed.

ANSWER: AMS Screw Products, High View, Spring Grove, Illinois.

Supervisor: Joe Groves

Approx. \$10 per hours. 40 hours a week.

Was hired but could not pursue employment due to accident.

Investigation continues.

7. State the name and address of each witness or defendant from whom you have obtained statements, indicating whether such statements are written or oral, who has possession of such statements, and pursuant to Supreme Court Rule 214, attach legible copies of any written statements hereto.

ANSWER: Gagnon gave a statement to Plaintiff's counsel and it will be transcribed and produced.

8. State the name and address of PAUL DULBERG's family practice physician.

ANSWER: Dr. Sek, 4601 W. Rt. 120, McHenry

- 9. State whether PAUL DULBERG was hospitalized or had suffered any illness or personal injury prior to or subsequent to the date of said occurrence, and if so, state the nature and date of each such hospitalization, illness or personal injury.
- ANSWER: Prior: Last 20 years. Involved in auto accident in 2002, I suffered neck injury and left arm. Treated with Northern Illinois Medical Center and left arm surgery with Dr. Sagerman and Grobman (Libertyville).

  Since: no
- 10. State whether PAUL DULBERG suffered any permanent scarring as a result of the accident alleged in the complaint. If so, state the location of such scar, the width and length of such scar or scars. (Pursuant to Supreme Court Rule 214, please attach any photos of any such scar to your answers hereto.)

ANSWER: Yes. On right arm. Investigation continues.

11. State whether prior to the accident alleged in the complaint PAUL DULBERG suffered any physical disability or impairment of any kind whatsoever. If so, state the nature of such physical disability or impairment and how PAUL DULBERG came to have such physical disability or impairment.

ANSWER: Yes, as it concerns my above auto accident. The degree of any disability is to be determined by my physician.

12. State the location of the alleged occurrence, pinpointing such location in feet, inches and direction from fixed objects or boundaries at the scene of the occurrence.

ANSWER: Behind the garage of the Defendant's home - as alleged.

13. State with particularity the nature of the alleged defect, object substance or condition which caused the alleged occurrence giving the exact dimensions and physical description of such including the size, shape, color, height, length and depth of such defect or object.

ANSWER: Objection, irrelevant - improperly worded. Defect is Gagnon's conduct. See Complaint.

14. State with particularity what PAUL DULBERG was doing at the time of the accident alleged in the complaint.

ANSWER: Holding a branch at the request of Mr. Gagnon.

15. State with particularity your basis for alleging that on or about June 28, 2011, David Gagnon living and/or staying at the premises known commonly as 1016 W. Elder Avenue, City of McHenry, County of McHenry, Illinois.

ANSWER: He was at his mother's residence.

16. State with particularity all the reasons why PAUL DULBERG was present on the premises known commonly as 1016 W. Elder Avenue, City of McHenry, County of McHenry, Illinois on the date of the alleged occurrence.

ANSWER: Dave invited me.

17. State with particularity your basis for alleging that David Gagnon was contracted and/or hired by Defendants Bill McGuire and Carolyn McGuire to cut down, trim and/or maintain the trees and brush at their premises, as further alleged in Plaintiffs Complaint.

ANSWER: Dave told me.

18. State with particularity your basis for alleging that David Gagnon was working under the supervision and control of Defendants Bill McGuire and Carolyn McGuire at the time of the occurrence alleged in Plaintiffs Complaint.

ANSWER: He was working at their property under their control.

19. State with particularity your basis for alleging that Defendants Bill McGuire and Carolyn McGuire instructed and/or advised David Gagnon in the use of a chain saw on or before the date of the occurrence alleged in Plaintiffs Complaint.

ANSWER: It was the McGuires chain saw.

State with particularity any and all defects associated with the chain saw you believe or claim was involved in the occurrence alleged in Plaintiffs Complaint.

ANSWER: Unknown

21. State whether you have any information indicating or otherwise suggesting that Defendants Bill McGuire and/or Carolyn McGuire knew or should have known that PAUL DULBERG was about to assist or was assisting David Gagnon with tree cutting and/or trimming on the date and in the location of the occurrence alleged in Plaintiff's Complaint. If your answer is in the affirmative, further state with particularity the bases for your contention that Defendants Bill McGuire and/or Carolyn McGuire knew or should have known that PAUL DULBERG was about to assist and/or was assisting David Gagnon with tree cutting and/or trimming on the date and in the location of the occurrence alleged in Plaintiff's Complaint.

ANSWER: The McGuires saw me with Mr. Gagnon.

22. State whether any photographs or videos were taken of the scene of the occurrence or of the persons, objects or premises involved, and if so, state the number of photographs or videos taken, their subject matter and who now has custody of them.

ANSWER: Not on the date in question, but I will be produced photos of my injury.

- 23. Pursuant to Supreme Court Rule 213(f), furnish the identity and addresses of witnesses who will testify at trial and the following information:
  - (a) For each lay witness, identify the subjects on which the witness will testify.
  - (b) For each independent expert witness, identify the subjects on which the witness will testify and the opinions the party expects to elicit.
  - (c) For each controlled expert witness, identify:
    - (i) the subject matter on which the witness will testify;
    - (ii) the conclusions and opinions of the witness and the bases therefor,
    - (iii) the qualifications of the witness; and
    - (iv) any reports prepared by the witness about the case.

#### ANSWER: PLAINTIFF'S RESPONSE TO 213 INTERROGATORIES

Plaintiff will testify to all matters concerning the circumstances of the accident and injury including, but not limited to, all matters set forth in any discovery responses, affidavit, statements and/or deposition testimony, and to those matters and opinions naturally flowing from their personal knowledge and involvement in this matter, and will testify to matters including, but not limited to the following: date, time and location of accident, observations at the accident scene, weather, defendant's negligence in X; continuing medical care to date; medical expense as set forth in updated Medical Expense Reports; payment of bills; lack of prior related symptoms, treatment; need for past and future treatment including, if applicable; pain and suffering and disability; lost time at work, including rate of pay, time lost, income and benefits lost; ongoing treatment during pending case including recent exam by treating physician(s); all other foundational requirements for admitting photos and medical bills into evidence.

Barabara Dulhberg, s/a/a to testify to the pain and disability experienced by the Plaintiff due to injuries suffered in the accident and the lack of prior symptoms or disability, inability to work, hours and wage history and loss of income from work as a result.

Defendants, each of them, will be called as an adverse witness pursuant to Section 2-I 102 of the Illinois Code of Civil Procedure, to testify to matters involving the accident.

All witnesses identified by Defendant and/or deposed, on matters so identified or testified to.

Court Reporters present during evidence and/or discovery depositions of those parties and witnesses now or in the future deposed in this or any similar cause to testify to the accuracy of the transcripts and testimony stated therein by each witness including exhibits marked and testified to during the deposition.

All other independent witnesses disclosed by answer to previous interrogatory will testify to those matters and opinions naturally flowing from their personal knowledge and involvement in this matter and those matters specifically disclosed and or to be disclosed in the future.

Drs. Marcus Talerico (Mid America Hand to Shoulder) and Karen Levin/Mitchell Grobman (Associated Neurology), Biofora/Sagerman (Hand Surgery Associates), are intended to be called as opinion witness(es) to testify to the care and treatment of the Plaintiff to the extent allowed under Rule 213 and to all matters expressly and/or impliedly set forth in the patient's chart including matters flowing therefrom, including, but not limited to, history, exam, diagnostics/findings, exam/findings, diagnosis, treatment, physical therapy, medication, follow-up and continuing treatment through to trial; the nature and extent of injuries sustained by Plaintiff as set forth above and in deposition including injuries, and that such injuries were caused/aggravated by the underlying trauma; that the treatment for such injuries was/is reasonable and medically necessary and causally related to underlying accident, and any other opinions or matters set forth or described in the patients medical file or hospital chart, in addition to any matters and/or opinions naturally flowing from the witnesses work or personal knowledge and involvement in this matter, in addition to testimony and opinions on the following issues:

- Plaintiff suffered and is diagnosed as having the above injuries, not limited to: traumatic injury to right arm including numbness, neuropathy, scarring, and branch nerve involvemnt;
- Plaintiff's injury is consistent with mechanism of injury/history;
- Plaintiff's injury was caused/aggravated by the underlying accident based upon history and findings and experience;
- Plaintiff's injury is confirmed through exam and diagnostics;
- Plaintiff will require ongoing and continual treatment for the injury(s);
- Plaintiff's conservative treatment did not resolve symptoms, requiring surgery and chronic pain;
- Plaintiff's symptoms and disability are permanent;
- Review and interpretation of all diagnostics;
- Plaintiff may require surgery to correct the condition(s);
- Plaintiff's surgery and costs is medically necessitated and causally related to the accident;
- Plaintiff's symptoms are disabling from activities;
- Plaintiff's injury is pain producing;
- Plaintiff's injury limits and will limit in the future Plaintiff's activity at home and at work;
- Plaintiff's injury disabled him/her from work for a period of time causing a loss in income;
- The charges or expense for the medical treatment received from each and every treater or facility referenced by Plaintiff in deposition or by Medical Expense Report was/is customary, reasonable, and medically necessary and due to the auto

accident based upon his/her expertise and experience and knowledge of the billing/charges for the same or similar treatment;

- Plaintiff is susceptible to re-injury in the future due to injury sustained in case, requiring future care and treatment, surgery and expense;
- Plaintiff will require future medical treatment and care and expense due to injury, estimate of \$10,000 annually;
- That Doctors' practice involves treating patients with similar injuries under similar settings and causes;
- The witnesses report(s) are contained in medical records produced in discovery;
- This witnesses opinions are based upon the witnesses expertise, experience, education, treatment of same and similar injuries, review of history, records of all treating physicians and care providers, films/reports, and exam all which is customary for the witness to rely upon in his/her practice.
- Foundational matters for purposes of admission of medical records into evidence;
- The testimony is also based upon a **recent exam** conducted before arbitration and/or trial.

Plaintiff expressly reserves the right to withdraw and/or not to call any 213 witnesses heretofore disclosed (or fewer than those disclosed) depending on counsel's legal determination at the time of trial and his judgment on the necessity of such testimony given the issues and evidence to be presented at the time of trial.

The accounts/financial services/billing representatives (any or each of them) from each of the facilities whereat the Plaintiff treated, as set forth in his discovery and deposition and Medical Expense Report(s) produced in discovery, including { } will each and themselves testify that based upon their experience and customs and practices and the practices of their internal office and those on their behalf, in their opinion the charges pertaining to Plaintiff's medical treatment in this case, as outlined in the Medical Expense Report, are reasonable and customary in the industry within the area. No one individual has been identified by the facility to testify, but if the defense wants to depose a specific individual before the evidence deposition of the representative is taken, Plaintiff will then designate a person for this purpose, otherwise the evidence deposition notice may simply designate the "representative with knowledge of the customary charges for such treatment" at each facility.

The records keepers from each of the facilities whereat the Plaintiff treated, as set forth in his/her discovery responses and deposition and Medical Expense Report provided throughout the course of this case, will each themselves testify to all foundational matters and requirements for admission of such records into evidence, including testimony as to the custody of the records kept in the ordinary course of business, and history provided by the patient and reliance upon such in the treatment or care of the plaintiff.

Plaintiff reserves the right to update these disclosures in the future in accordance with the order of the court, to add or delete witnesses as may be appropriate and in accordance with the court's order and reserves the right not to call a witness above as may be

appropriate at trial.

HANS A. MAST, Attorney for Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH

3416 West Elm Street McHenry, IL 60050 815-344-3797

Attorney Registration No. 06203684

#### Verification by Certification

Under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that he verily believes the same to be true.

DATE: 1-20-12



THOMAS J. POPOVICH HANS A. MAST

JOHN A. KORNAK+

DIANA M. REITER

## The Law Offices of Thomas J. Popovich P.C.

3416 W. Elm Street

McHenry, Illinois 60050

Telephone: 815.344.3797 FACSIMILE: 815.344.5280

www.popovichlaw.com

MARK J. VOGG JAMES P. TUTAJ ROBERT J. LUMBER THERESA M. FREEMAN

July 17, 2012

Fox Lake Dynamic Hand Therapy MEDICAL RECORDS/PATIENT BILLING 498 S. US Highway 12 Suite C Fox Lake, IL 60020

Re:

Patient:

Paul Dulberg

Date of Birth:

03/19/1970

Date of Service:

06/28/2011 to present

Dear Sir or Madam:

Please be advised that the above-captioned person is represented by the LAW OFFICES OF THOMAS J. POPOVICH, P.C. We respectfully request the following information:

- Complete copy of the patient's file with your facility, including correspondence, doctor/nurse notes and therapy records from 06/28/11 to present; and
- Itemized bills for services rendered.

Attached please find a HIPAA authorization signed by our client/your patient permitting the release of the foregoing documents being requested.

Please direct these documents back to my attention by mailing the information to the address listed above. Thank you for your prompt attention to this request.

LAW OFFICES OF THOMAS J. POPOVICH, P.C.

Very truly yours,

Alarie Dullum.

Paralegal

WAUKEGAN OFFICE 210 North Martin Luther KING JR. AVENUE WAUKEGAN, IL 60085 Dulberg 006135

PATIENT NAME: Paul DATE OF BIRTH: 3/19/70 DATE OF SERVICE: <u>U/28/11</u>-PURSUANT TO 735 ILCS 5/8-2001, 735 ILCS 5/8-2003 OF THE ILLINOIS COMPILED STATUTES AND HIPAA, I HEREBY AUTHORIZE USE OR DISCLOSURE OF PROTECTED HEALTH The following specific person or class of persons or facility is authorized to make the requested use or disclosure: Medical Provider: The Law Offices of Thomas J. Popovich, P.C., may receive disclosure of protected health information about me. The specific information that should be disclosed is: a copy of my entire hospital record 3. and/or information in connection with the hospitalization/treatment date(s). I fully understand that my entire hospital record may contain mental health and developmental disabilities, alcohol and/or drug abuse, and/or Acquired Immune Deficiency Syndrome (AIDS)/HIV tests results and/or information. The medical records and/or healthcare information authorization to be disclosed hereunder are privileged and confidential and may be disclosed only on my authorization, except as required by law. I understand that information disclosed pursuant to this authorization may be re-disclosed by health information or medical records. I may inspect and arrange for photocopies of the records/healthcare information that are to be disclosed. I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it, and would then no longer be protected by federal privacy I may revoke this authorization by notifying flue offices in writing of my desire to revoke it. However, I understand that any action already taken in reliance of this authorization cannot be reversed, and my revocation will not affect those actions. I understand that the medical provider to whom this authorization is furnished may not condition its treatment of me on whether THIS AUTHORIZATION EXPIRES ONE YEAR FROM THE DATE OF MY SIGNATURE. This information for which I am authorizing disclosure will be used for the purpose of my legal action being handled by my attorneys, Law Offices of Thomas J. Popovich, P.C. SIGNATURE OF PATIENT OF LEGAL REPRESENTATIVE If signed by legal representative, relationship to patient:



Michelle P. Shamash, OTR/L, CHT Clinic Director/Owner Certified Hand Therapist

www.dynamichandPT.com

# **CERTIFICATION**

I, <u>Judith Sokniewicz</u> certify that the copies that are enclosed are all of the records that you requested for *Paul Dulberg*.

Signed by:

Date

# DYNAMIC HAND THERAPY Re-Evaluation of Progress, Goals and Plan of Care

| AG-Evaluation of Progress Contact Andreas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |
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| Patient Paul Dilla Patient Plan of Care                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |
| Diagnosis: (R) France Physician: Die Tellegico                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |
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| A common summary to date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |
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| place: hold, TGE/ (so lated FDS, Composite shretching)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |
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| Patient: Paul Dulbon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| Skilled therapy needed for: I progression of exercise I continued need for manual therapy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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| Modelities: It to be placed on hold unfil he seems further medical                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Exercise: Intervention - H: 15511 G                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| *** Frequency/Duration: times/week for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| I have reviewed this almost additional visits***                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| I have reviewed this plan of care and recertify a continuing need for services from the date of this updated plan of care; the above updated plan of care is herein established and will be reviewed every 30 days.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Additional requests/concerns:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| Therapis Signature / Male 2/8/12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Physician's Signature data                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| PLEASE FAX BACK TO: 847-587-3346                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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#### Semmes-Weinstein Monofilament Sensory Testing Results

| 241 B/10/12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Partens: Paul        | Dálla - a                     |                   |
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| or: - MAR Sham                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | and water            | <b>.</b>                      | •                 |
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Invalved L.R. 盟 E Involved L. R. がある。 da O. E Implyed L.R. Patient Name: R 1 payoruj H œ Involved L #3 2 E ' rp E Involved (R) ئە ?! Ö tage to و FOW 175/12 Control (1)R 1. Dynamic Hand Therapy Circumterances (cm) · · 교육점등8 종토마요 지문없음 5 6 2 6 2 with Revion crease 도등없음요 mich metecarpais Therapists initials Telacarpas Middle Finger (III) Index Finger Small Finger Ring Finger /olumetric Average Thomp Tright 1 Trial 2 Trai 3

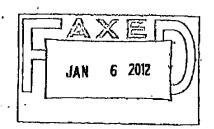
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DYNAMIC HAND THERAPY
Re-Evaluation of Progress, Goals and Plan of Care

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| Patient: Paul Dulbrard Physician: On February Date: 1-5-12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Date of Intury: 6-28-11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Surgical Hx: Date 6-28-1 Procedure Suttened sin ER Start of Care: 10-6-11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Number of visits to date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| SUBJECTIVE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Pain: 45/10 at rost / best 9/10 with activity / at worst                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Doralles: Lating prin up to 9/10 that laste only a few seconds.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Function/ADI/s:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Improvements: As functional improvements down to Tim Sounds.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Improvements: As foundamed ingerstements due to Tim Sometiment.  Continued difficulties: Writing, want orders pouring coffee, manipulations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| Wound/Scar: Minumal hypotophy with a lump in coarsing in sign on which see flow sheet for.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| See flow sheet for.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| a Sensation: That march west west due & stone sondragent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| I ROM: Ellian / Tala word / 12/50 invest / 24.50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| B' Strength: Barry 1 d 1) # (R)= 59% a (D)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Treatment summary to date: Mith US area make Som proper after a first                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Jan Jana Maria College townson Wenston and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Assessment/therapist impression: Lt atmaks directorists in Aron but                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| functional isoproxement limited due to 1 in tomoro                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Goals: STG's met gres Dao. LTG's met: Q yes Q no Revised functional goals: 41.2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| (Good) T (B) promition 5-8° to 1 ptis ability to pour cycles                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| It to agent prin 43/10 at best to enable him & use R)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| WE to assist in Adis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| P                                                | ations: Paul Dubberg                                                                                                                 |
|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| Skilled therapy needed for: Il progression of on | croise Deouthued need for manual therapy                                                                                             |
| 1) other: Scan motor, STM, Pac                   | iellow, what dest                                                                                                                    |
| PLAN:                                            |                                                                                                                                      |
| Modellitien: MHC, U.S PRN                        |                                                                                                                                      |
| Exercise: Aann allows, what dige                 | to intrinsia marcino                                                                                                                 |
| Jam Lincel gigo a period , sin                   | ngthaning as Toloratas                                                                                                               |
| Othor:                                           |                                                                                                                                      |
|                                                  | for 4 weeks or 8-12 additional visits***  need for servicus from the date of this updated plan of care; the above ted every 30 days. |
| Additional requests/concerns:                    | A                                                                                                                                    |
|                                                  |                                                                                                                                      |
| Allemana 1971                                    | Misale                                                                                                                               |
| PLEASE FAX BACK TO: 847-387-3346                 | Physiologis Signature date                                                                                                           |
|                                                  |                                                                                                                                      |



| Dynamic Hand Therapy -            | *,"                                   | •                                                |                                                   |                                                  | _, ,                                             |                                                  | Sulberg                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                  |  |
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| <u> </u>                          | (E)                                   | ·(R)                                             |                                                   | •                                                |                                                  |                                                  | 454                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | •••                                              |  |
| Exam Date                         | 12/6/11                               | 1-5-12                                           |                                                   |                                                  | · · · · · · ·                                    |                                                  | A STATE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PAR |                                                  |  |
| Shoulder                          |                                       | · · · · · · · · · · · · · · · · · · ·            |                                                   | 1000                                             | THE CHARLES OF THE                               |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |  |
| Flexion                           | 1                                     | 1                                                | 1                                                 | <del>                                     </del> | <del> </del>                                     | <del> </del>                                     | <del> </del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <del> </del>                                     |  |
| Extension                         | †                                     |                                                  | <del>}</del> -                                    | V.5-02                                           | ļ                                                | <del> </del>                                     | -{                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <del> </del>                                     |  |
| Abduction                         | 1                                     | <del>                                     </del> | <del> </del>                                      | <del>                                     </del> | <del> </del>                                     | <del> </del>                                     | <del> </del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <del>                                     </del> |  |
| External Rotation                 | <u> </u>                              | <del> </del>                                     | <del> </del>                                      | <del></del>                                      | <del>                                     </del> | <b></b>                                          | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | -                                                |  |
| Internal Rotation                 | 1                                     | <del>                                     </del> | <del> </del>                                      | <del> </del>                                     | ·····                                            | <del></del>                                      | <del> </del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <del></del>                                      |  |
|                                   |                                       | <del> </del>                                     | <del> </del>                                      | <del> </del>                                     |                                                  | <del></del>                                      | <del> </del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <del> </del>                                     |  |
| Elbow & Forearm                   |                                       |                                                  | <del>, , , , , , , , , , , , , , , , , , , </del> |                                                  |                                                  |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |  |
| Flexion /46                       | 134                                   | 11475                                            | <u> </u>                                          | <u> </u>                                         | <del></del>                                      | <u> </u>                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |  |
|                                   |                                       | 140                                              | <del> </del>                                      | <del> </del>                                     | <del> </del>                                     | ļ                                                | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                  |  |
|                                   | -3                                    | -15                                              | ļ                                                 | <del></del>                                      | <b></b>                                          | ·                                                | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <u> </u>                                         |  |
|                                   | 165                                   | las                                              | <b></b>                                           | <u> </u>                                         | <b></b>                                          | <u> </u>                                         | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                  |  |
| Supination 754                    | <u> </u>                              | 85                                               |                                                   | ļ                                                | ļ                                                | <u> </u>                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |  |
|                                   |                                       |                                                  |                                                   |                                                  |                                                  | 177 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | - All Alland                                     |  |
| Wrist                             | ·                                     |                                                  |                                                   |                                                  |                                                  |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | **,                                              |  |
| Flexion 90                        | 135F                                  | 80                                               |                                                   |                                                  | I                                                | 7                                                | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | † <u> </u>                                       |  |
| Extension 357 Radial Deviation 35 | <i>5</i> 5                            | 60                                               |                                                   |                                                  |                                                  | 1                                                | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <del>                                     </del> |  |
|                                   | ZÖF                                   | 1 15                                             |                                                   |                                                  |                                                  | 1                                                | † <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <del>                                     </del> |  |
| Ulnar Deviation III               | 30£                                   | 25                                               |                                                   |                                                  |                                                  |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1                                                |  |
|                                   |                                       |                                                  |                                                   |                                                  |                                                  |                                                  | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                  |  |
| Thumb                             |                                       | 7 7 CHAP - 1044                                  |                                                   |                                                  |                                                  |                                                  | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                  |  |
| MCP Extension/Flexion             |                                       | <del> </del>                                     | <del> </del>                                      | <del> </del>                                     | <del> </del>                                     | <del></del>                                      | <b></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <u> </u>                                         |  |
| PIP Extension/Flexion             | · · · · · · · · · · · · · · · · · · · | <del> </del>                                     | <del> </del>                                      | <del> </del>                                     | <b></b>                                          | <del></del>                                      | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                  |  |
| Radial Abduction                  |                                       | <u> </u>                                         | <del> </del>                                      | <del> </del>                                     | ļ                                                |                                                  | ┦                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b> </b>                                         |  |
| Palmar Abduction                  |                                       | <del> </del>                                     | ļ                                                 | ļ                                                | ļ                                                | ļ                                                | <del> </del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                  |  |
| Opposition                        | <del> </del>                          | <del> </del>                                     | <del> </del>                                      | <b> </b>                                         | <del> </del>                                     | <b></b>                                          | <del> </del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <u> </u>                                         |  |
| ,                                 | <del> </del>                          | <del> </del>                                     |                                                   |                                                  |                                                  | ļ                                                | <del> </del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                  |  |
|                                   |                                       |                                                  | THE RESERVE                                       |                                                  |                                                  |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |  |
| ndex Finger MCP Extension/Flexion |                                       | l                                                |                                                   |                                                  |                                                  | ]                                                | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                  |  |
| PIP Extension/Flexion             | ļ                                     | <b>}</b>                                         |                                                   | <u> </u>                                         |                                                  |                                                  | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | l                                                |  |
| DIP Extension/Flexion             | <del> </del>                          |                                                  |                                                   |                                                  |                                                  |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |  |
| TAM                               |                                       |                                                  | · · · · · · · · · · · · · · · · · · ·             |                                                  |                                                  |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |  |
|                                   | <del></del>                           | <u>'</u>                                         | ļ                                                 |                                                  |                                                  |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |  |
|                                   |                                       |                                                  |                                                   |                                                  |                                                  |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |  |
| ong Finger                        |                                       |                                                  |                                                   |                                                  | ·                                                |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | **************************************           |  |
| MCP Extension/Flexion             | <u> </u>                              | L                                                |                                                   |                                                  |                                                  |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del> </del>                                     |  |
| PIP Extension/Flexion             | [                                     |                                                  |                                                   |                                                  | <del></del>                                      | <del>                                     </del> | <del>}</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <del>                                     </del> |  |
| OIP Extension/Flexion             |                                       |                                                  | -                                                 |                                                  | <u> </u>                                         | <del> </del>                                     | <del> '</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                  |  |
| ГАМ                               |                                       |                                                  |                                                   |                                                  |                                                  | <del> </del>                                     | <del> </del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                  |  |
|                                   |                                       |                                                  |                                                   | <u>-</u>                                         |                                                  | <del>                                     </del> | <del> </del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ļ <u>.</u>                                       |  |
| Ring Finger                       |                                       |                                                  |                                                   |                                                  |                                                  | -                                                | <b>SAME NO.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | COLUMN SY                                        |  |
| MCP Extension/Flexion             | <del></del>                           |                                                  |                                                   |                                                  |                                                  |                                                  | ļ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                  |  |
| PIP Extension/Flexion             |                                       |                                                  |                                                   |                                                  |                                                  | <b></b>                                          | ļ <u>.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                  |  |
| OIP Extension/Plexion             | <del></del>                           |                                                  | · · · · · · · · · · · · · · · · · · ·             |                                                  |                                                  | <b> </b>                                         | <b></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                  |  |
| AM                                |                                       |                                                  | ·                                                 |                                                  |                                                  | <del> </del>                                     | <b></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                  |  |
|                                   |                                       |                                                  | ļ~i                                               |                                                  |                                                  |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |  |
| mall Finger                       |                                       |                                                  |                                                   |                                                  |                                                  |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 12,00                                            |  |
| small ringer                      |                                       |                                                  |                                                   |                                                  | . , , , , , , ,                                  |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1                                                |  |
| ACP Extension/Flexion             |                                       |                                                  |                                                   |                                                  |                                                  |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |  |
| PIP Extension/Flexion             |                                       |                                                  |                                                   |                                                  | •                                                | <u> </u>                                         | ***************************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                  |  |
| OIP Extension/Flexion             |                                       |                                                  |                                                   |                                                  |                                                  | i                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |  |
| Γ <b>ΑΜ</b>                       | L                                     | . 1                                              |                                                   |                                                  |                                                  | <u> </u>                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |  |
| herapiet Initials Wi              | LUV)                                  | N                                                |                                                   |                                                  |                                                  |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |  |

| 14                |       | Edema Flow                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | .Date                  | 7            | Date '                                           |            | Patient Name                                     |              | Juvyen                                           |                                                  |                                                     |                                                  |                                                  |                |
|-------------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------|--------------------------------------------------|------------|--------------------------------------------------|--------------|--------------------------------------------------|--------------------------------------------------|-----------------------------------------------------|--------------------------------------------------|--------------------------------------------------|----------------|
|                   |       | 135/12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1/5/12                 | <del></del>  | Date .                                           |            | Date                                             |              | -Date (                                          |                                                  | Dale                                                |                                                  | Date .                                           |                |
| completences      | (cm)  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1/3/12<br>10/00/00/1/9 | D#           | Involved L.R.                                    | Diff.      | involved L.R.                                    | Diff.        | Image of the                                     | Citt                                             | 13.5                                                | 70.750                                           |                                                  | - C (W)        |
| untat flexion cre | 25A   | المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة الم | 110.7                  | =            | MAOIAER F V                                      | <u> </u>   | TUACIAGO F K                                     | Ont.         | involved L R                                     | DIff.                                            | involved L R                                        | Diff.                                            | involved L.R.                                    | Diff.          |
| mid-metacarpal    |       | 83.1 -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 23.                    | <u> </u>     |                                                  | <u> </u>   |                                                  |              | <del> </del>                                     |                                                  |                                                     |                                                  |                                                  | •              |
| ліёні сеграіз     |       | 8.06                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        | * T          | <del></del>                                      |            | -                                                |              | <del> </del>                                     |                                                  |                                                     |                                                  |                                                  |                |
| humb              | i     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |              |                                                  | 1000       |                                                  | 41.6         |                                                  |                                                  |                                                     |                                                  |                                                  |                |
|                   | MP 5  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |              |                                                  | 1          |                                                  |              |                                                  |                                                  |                                                     | 2000                                             |                                                  | 25.4.33        |
|                   | P1    | 17.4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 7.7                    | 4.3          |                                                  |            |                                                  |              |                                                  | <del> </del>                                     |                                                     |                                                  | · · · · · · · · · · · · · · · · · · ·            |                |
|                   | IP    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | 1            |                                                  |            | -                                                |              | <del> </del>                                     |                                                  | <del> </del>                                        | <del> </del>                                     | <del></del>                                      | <del> </del> - |
| •                 | P2    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | · · · · · ·            | <b>†</b>     |                                                  |            | <del>                                     </del> |              | <del> </del>                                     | <del>                                     </del> | <del> </del>                                        |                                                  |                                                  |                |
| ndex Finger       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |              |                                                  |            |                                                  |              |                                                  |                                                  | CONTRACTOR OF THE PARTY.                            | Section 1                                        | 100                                              |                |
|                   | P1    | 7.3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 3.)                    | ٧.>          |                                                  |            |                                                  |              | SCHOOL STREET                                    |                                                  |                                                     |                                                  |                                                  | 30 C C C C     |
|                   | PIP   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -                      | -            |                                                  |            | <del> </del>                                     | <b></b>      | <del> </del>                                     | <del>}</del>                                     | <del>}</del>                                        | -                                                | · ·                                              | <del> </del>   |
|                   | P2    | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |              |                                                  |            | <del></del>                                      | <del> </del> | <del> </del>                                     |                                                  | <del> </del>                                        | <del> </del> -                                   | <del> </del>                                     | <del> </del>   |
|                   | DIP   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | 1            |                                                  |            | <del>,</del> -                                   |              | <del> </del>                                     | <del></del>                                      | <del>†</del>                                        | <del> </del>                                     | <del> </del>                                     |                |
|                   | P3    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | `                      | -            | ļ <del></del>                                    |            |                                                  | <del></del>  | <del>                                     </del> | }                                                | <del>                                     </del>    | <del> </del>                                     |                                                  |                |
| Hiddle Finger     |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |              |                                                  | direction. | CONTRACTOR NO.                                   |              |                                                  |                                                  |                                                     |                                                  |                                                  |                |
|                   | P1    | 6-8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 6.8                    | ] =          |                                                  |            |                                                  |              |                                                  |                                                  |                                                     |                                                  |                                                  | ,              |
| ,                 | ΡĮΡ   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |              |                                                  |            |                                                  |              | ,                                                |                                                  | -                                                   |                                                  | <u> </u>                                         |                |
|                   | P2    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1                      | Ī            |                                                  |            |                                                  |              | 1                                                | <del> </del>                                     |                                                     | <del>                                     </del> | <u> </u>                                         |                |
| 1                 | DIP   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 18                     | 1            | ]                                                |            |                                                  | • 4          |                                                  | 1                                                |                                                     |                                                  | <del></del>                                      |                |
|                   | P3 ·  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |              |                                                  |            |                                                  |              |                                                  |                                                  |                                                     | <del> </del>                                     | -                                                | -              |
| ling Finger       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |              |                                                  |            |                                                  |              |                                                  |                                                  |                                                     | 6                                                |                                                  |                |
|                   | P1.5  | 2 005                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 6-6                    | 1-1          |                                                  |            | , (                                              |              |                                                  | `                                                |                                                     |                                                  |                                                  | 1              |
|                   | PIP i | *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        | -            |                                                  | ,          | 1.                                               |              |                                                  |                                                  | ₹:                                                  |                                                  |                                                  | <del></del>    |
| <u> </u>          | ₽2 ·  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |              | 1.                                               |            | -                                                |              |                                                  |                                                  |                                                     | · ·                                              |                                                  |                |
|                   | DIP   | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        |              |                                                  |            |                                                  | _            | [.                                               |                                                  |                                                     | <del> </del>                                     | <u> </u>                                         | -              |
|                   | РЗ    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |              | 1                                                | -          | <u> </u>                                         |              | 1,                                               | <del> </del> -                                   | <del>                                     </del>    | 1                                                | <del> </del>                                     | -              |
| mail Finger       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | 551 C 100    |                                                  |            | <b>HEROTOP</b>                                   |              |                                                  |                                                  |                                                     |                                                  | n serele                                         |                |
|                   | P1    | 60                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 6.1                    | 9-(          | ,                                                |            |                                                  |              |                                                  |                                                  |                                                     |                                                  | 1                                                | COMPANIE OF    |
|                   | Pip   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |              |                                                  |            | 1                                                | 1            | <del> </del>                                     | <del> </del>                                     | <del>}</del>                                        |                                                  | <u> </u>                                         |                |
|                   | P2    | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        |              |                                                  | F          | <del></del>                                      |              |                                                  |                                                  | -                                                   |                                                  |                                                  | 1              |
|                   | DIP.  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |              |                                                  |            |                                                  | 1            | 1                                                | †                                                | <del> </del>                                        | <del>                                     </del> |                                                  | 1              |
| •                 | P3    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |              |                                                  |            |                                                  | 1            | 1                                                | 1                                                | 1                                                   | 1                                                | 1                                                |                |
| /olumetric (ml)   |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |              |                                                  | 1.35       |                                                  |              | 10.5                                             | <b>***</b>                                       |                                                     |                                                  |                                                  |                |
| Trial 1           |       | 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |              |                                                  | A PARTY    |                                                  |              |                                                  |                                                  |                                                     |                                                  |                                                  |                |
| Triat 2           |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1                      | 1            | <del>                                     </del> | <u> </u>   | 1                                                | <b>-</b>     | <del> </del>                                     | 1                                                | <del>                                     </del>    | 1                                                | <del>                                     </del> | 1              |
| Trial 3           |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1                      | 1            | <del>                                     </del> |            | 1                                                | <del> </del> | <del> </del>                                     | <del> </del>                                     | <del> </del>                                        | <del> </del>                                     | <del> </del>                                     | 1              |
| Average           |       | <del> </del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <del> </del> -         | <del>}</del> | -                                                | 1          | <del></del>                                      | <del> </del> | <del></del>                                      | <del> </del>                                     | <del>  .                                     </del> | <del> </del>                                     | <del>\</del>                                     | -              |
|                   |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |              |                                                  |            |                                                  |              |                                                  |                                                  |                                                     |                                                  |                                                  |                |

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| 02:46       |
| IH.         |
| JAN-05-2012 |

| Dynamic Hand Therapy Grip/Pinch Strength Flow Sheet | Patient Name: Parkle T |
|-----------------------------------------------------|------------------------|
|-----------------------------------------------------|------------------------|

| Exam Date                        | 12611    | 12/0/11 | 1/3/12             |                            | 1/5/2       | 1/5/12       |     |      | _    | -        |
|----------------------------------|----------|---------|--------------------|----------------------------|-------------|--------------|-----|------|------|----------|
| Measurements: Kg Lb              | R        | L       | R                  | · L                        | R           | L .          | R   | Ľ,   | R    |          |
| Orlp strength-ramer 2nd position |          |         |                    |                            |             |              |     |      |      | _        |
| Trial 1                          | 126      | 135     |                    |                            | 121         | 14/          |     |      |      | <u> </u> |
| Trial 2                          | 92       | 145.    |                    |                            | 118         | 142          |     |      |      |          |
| Trial 3                          | 110      | पिर्    |                    |                            | 138         | ાય (         |     |      |      |          |
| Average:                         | 109      |         |                    |                            | 126 t       | - 14/#       |     |      | -    |          |
| Grip Curve-Jernar Dynamomeler    |          |         |                    | 2_                         | 1/217#      |              |     |      |      |          |
| Intrinsics 1st position          |          |         |                    |                            | 819         |              |     |      | •    |          |
| 2nd position                     |          |         |                    |                            |             |              |     |      |      |          |
| 3rd position                     |          |         | <u> </u>           |                            | ٠,          |              |     |      |      |          |
| 4th position                     | <u> </u> |         |                    |                            |             |              |     |      |      |          |
| Extrinsics 5th position:         |          | · ·     |                    |                            |             |              |     |      |      |          |
|                                  |          |         | 100                |                            |             |              |     |      |      |          |
| Rapid Alternation Test           |          |         |                    | i i                        |             |              |     |      | 7/多种 | <b>.</b> |
|                                  |          |         |                    |                            | 123         |              |     |      |      |          |
| Pinch Strength                   |          |         |                    |                            | Rinch-o     |              | •   |      | ;    |          |
| 3-pt (3-jaw chuck)               | 26       | 29      | مرس المرابي        | \$<br>\$\$                 | Drofee<br>! |              |     |      |      |          |
| 2-p) (pad)                       | 20       | 18      | Province Transport | الية العراق<br>الية العراق |             | , ;<br>, , , |     |      |      |          |
| Lateral Key                      | 28       | 26/     | Valley             |                            | i P         | A . #        | 4,0 |      |      |          |
| Examiners initials               | LUPS     | MPS"    | W.                 | -                          | nor         | il           |     | 1.75 |      | -        |

X

# DYNAMIC HAND THERAPY Initial Evaluation

| At the limit                                                                              | W. and media 60.7                                                                                                                 |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| Name: Paul Dulkerg                                                                        | Date: 12-16/11                                                                                                                    |
| Physician: D: Talanco                                                                     | Date of injury/onset: 6   28   1/                                                                                                 |
| Diagnosis: ( ) Foreaun laces at con of ant f                                              |                                                                                                                                   |
| Mcchanism of Injury/Hx of current complaint:                                              | nsaul to forearm - Neighbor using chainsau                                                                                        |
| Timed around and cut patients arm                                                         |                                                                                                                                   |
| Surgical Hx; Date 6/25/11 Procedure Surve                                                 | die ER                                                                                                                            |
| PMH & for Hx relevant to injury: WE Uleva name.                                           | Hanoposik: 4- Syganogo; DID C1,7                                                                                                  |
| Occupation: Graphic Jessey                                                                | Hand Dominance                                                                                                                    |
| Precautions:                                                                              | Ø L                                                                                                                               |
| i                                                                                         | /10 with activity / at worst                                                                                                      |
| Details: Pain 44 Dunght-who him a) m<br>OBJECTIVE:<br>Wound/Scar: Healed well; huld highe | ght, Ald Tactuitay; Pain accurs where scar<br>Seems adhered to ulner boarder of ulna<br>stropling roled; mild adherence to mureul |
| See flow sheet for:    Sensation: TBA + Hypersenstwik                                     | noted in fream.                                                                                                                   |
| ORange of Motion Cumulatum noted in                                                       | ,, ,                                                                                                                              |
| D Edens No sig Cdema noted to ha                                                          |                                                                                                                                   |
| Ostrength Limbations noted in E                                                           |                                                                                                                                   |
| Flexibility: Intrinsics/Exercisics: Tightextm                                             | ours and whairs                                                                                                                   |
| Runction/ADL's: Prior level of function: D & 6                                            | EUE                                                                                                                               |
| Courent level of function: Deficulty hammening                                            | , whing mousing (work involves typingline                                                                                         |
| I round door bandle, pouring coffee, wa                                                   | mplating small object bearing weight things                                                                                       |
| Other Relevant Pindings: (1) Wordenberg 5 Sig                                             | 2- 1 ADM: 3/5, ODM: 3/5; FDS-SF.41                                                                                                |
| FOSRF 4H5 = pain                                                                          |                                                                                                                                   |

| Patient name: Yang () whong                                                                                       |
|-------------------------------------------------------------------------------------------------------------------|
| Assessment Therapist impression: It presents 2 pre, Ram defilts, strongth defluts,                                |
| Tight extrasies, significant deficits dissing functional activities i Numberen Stingling                          |
| reported - posset be asserted more specifically.                                                                  |
| Skilled Therapy needed in order to: Turnene Kern, employed pain                                                   |
| Functional Goals:                                                                                                 |
| Short term (x4 weeks) 1. (D(B) want extension x 5-8" to (D) pt 15 a belity to been wangent through palon.         |
| 2. 6 @ grano x 3-5# to 6 pt 15 aboliting to open containers                                                       |
| 3. OB pro x 5° to Optis abolity to pose coffee.                                                                   |
| Long term  1. Maximy for chand use of RUE dumpall Adus.                                                           |
| Goals discussed with patient? Eyes D no Patient informed of diagnosis/prognosis? Cyes D no                        |
| Rehabilitation potential: O excellent il good O fair Oguarded Other                                               |
| PLAN: Modalinies UHP, CP, US                                                                                      |
| Manual Techniques STM, Scancantrol, oddals, upp                                                                   |
| Therapeutic Exercise/Activities Shatching, Scarmeb, TGE, Neme oferding,                                           |
| gentle strengthants as tolerated, isolated FDS, decensitionali                                                    |
| Splinting                                                                                                         |
| Other                                                                                                             |
| ***Frequency 2 times/week for 4 weeks of 8 visits***                                                              |
| Additional requests/concerns                                                                                      |
| I certify the need for these services furnished under this care plan date aforementioned above. The above plan is |
| herein established and will be reviewed every 30 days.  Male 17/2/11                                              |
| Therapis Signature date Physician Signature date                                                                  |
|                                                                                                                   |

| Dynamic Hand Therapy       | ·            | Patient Name: Paul Dulberg                       |                                                  |                                                  |                     |                                                  |                                                  |                                                  |
|----------------------------|--------------|--------------------------------------------------|--------------------------------------------------|--------------------------------------------------|---------------------|--------------------------------------------------|--------------------------------------------------|--------------------------------------------------|
| (C)                        | (R)          |                                                  | •                                                |                                                  |                     |                                                  | ري دري                                           |                                                  |
| Exam Date                  |              |                                                  |                                                  |                                                  |                     |                                                  | · ·                                              |                                                  |
|                            | 12/6/11      |                                                  | 1                                                |                                                  |                     | 1.                                               |                                                  |                                                  |
| 8houlder :                 |              |                                                  | 12, 22 7 72                                      |                                                  | THE PERSON NAMED IN |                                                  | THE REAL PROPERTY.                               |                                                  |
| Flexion                    |              |                                                  |                                                  | - <del> </del>                                   | <del></del>         | <del></del>                                      | <del></del>                                      | - <b> </b>                                       |
| Extension                  |              | 7                                                | ·                                                | 74,7                                             | ~# <mark>}</mark>   | <del></del>                                      | <del></del>                                      | <del>- </del>                                    |
| Abduction                  |              |                                                  |                                                  | <del></del>                                      |                     |                                                  | <del></del>                                      |                                                  |
| External Rotation          |              |                                                  | † · · · · · · · ·                                | <del> </del>                                     | <del></del>         |                                                  | +                                                | +                                                |
| Internal Rotation          |              |                                                  | † <del></del>                                    | <del>                                     </del> | ~ <del></del>       | ··                                               | <del></del>                                      | <del></del>                                      |
|                            |              |                                                  | <del>                                     </del> | 1                                                | <del></del>         |                                                  | <del>- </del>                                    | <b></b>                                          |
| Elbovy & Forearm           |              |                                                  |                                                  |                                                  |                     |                                                  |                                                  | 0.28                                             |
|                            | 1            | -                                                | <u> </u>                                         | <u> </u>                                         |                     |                                                  | 7                                                |                                                  |
| Flexion 144 Extension 7    | 134          | <u> </u>                                         |                                                  |                                                  |                     |                                                  |                                                  |                                                  |
| Pronation >                | -3           |                                                  |                                                  | <u> </u>                                         |                     |                                                  | 7                                                | 7                                                |
|                            | 65           | <u> </u>                                         |                                                  | -                                                |                     |                                                  |                                                  | <b></b>                                          |
| Supination 754             | 45           | <b></b>                                          | <b></b>                                          | ļ                                                |                     |                                                  |                                                  | 1                                                |
|                            |              |                                                  | 1                                                | <u> </u>                                         | 1_                  |                                                  | <del></del>                                      | 1                                                |
| Wrjęt                      |              |                                                  |                                                  | The same of the little of the last               |                     | death seasons                                    | 4-37                                             |                                                  |
| Flexion 30                 | 15+          | T                                                | <del> </del>                                     | 1                                                | +                   |                                                  | <del></del>                                      |                                                  |
|                            | 155          | <del></del>                                      | <del></del>                                      | <del></del>                                      | <del></del>         | <del></del>                                      | <del> </del>                                     | <del> </del>                                     |
| Extension Radial Deviation | ZOF          | 17                                               | <del></del>                                      | <del></del>                                      |                     | <del></del>                                      | <del> </del>                                     | <del> </del>                                     |
| Ulnar Deviation 13         | 30t          | 1                                                |                                                  | <del></del>                                      | <del></del>         | <del></del>                                      | <b></b>                                          | <del></del>                                      |
|                            |              |                                                  | ···                                              | <del> </del>                                     | <del></del>         | <del></del>                                      | <del> </del>                                     | <b></b>                                          |
|                            |              |                                                  |                                                  |                                                  |                     |                                                  |                                                  |                                                  |
| Thumb                      |              |                                                  |                                                  |                                                  |                     |                                                  |                                                  | 1                                                |
| MCP Extension/Flexion      | <del></del>  | <u> </u>                                         |                                                  |                                                  |                     |                                                  | 1                                                | 1                                                |
| PIP Extension/Flexion      | <u> </u>     |                                                  |                                                  |                                                  |                     |                                                  | † <del></del>                                    | <del></del>                                      |
| Radial Abduction           | <b></b>      |                                                  |                                                  | 1                                                |                     |                                                  | <del> </del>                                     | <del>                                     </del> |
| Palmar Abduction           |              | 11                                               |                                                  |                                                  |                     |                                                  |                                                  | <del> </del>                                     |
| Opposition                 |              |                                                  |                                                  |                                                  | 7                   | <del></del>                                      |                                                  | 1                                                |
|                            |              |                                                  |                                                  | 7                                                |                     |                                                  | <b>†</b>                                         | <del> </del>                                     |
| Index Finger               |              |                                                  |                                                  |                                                  |                     |                                                  |                                                  |                                                  |
| MCP Extension/Flexion      |              | <b>!</b>                                         |                                                  | } ,                                              | 1                   | i                                                | <b>j</b>                                         |                                                  |
| PIP Extension/Flexion      | ·            | <del>                                     </del> |                                                  | <del> </del>                                     | <del></del>         | ļ                                                | <b> </b>                                         |                                                  |
| DIP Extension/Flexion      | <del></del>  | <del>  </del>                                    |                                                  |                                                  | <del> </del>        |                                                  |                                                  |                                                  |
| TAM                        | ·            | 1.                                               | <del></del>                                      | <del> </del>                                     | <u> </u>            |                                                  | <u> </u>                                         | <u> </u>                                         |
|                            | <del> </del> | <del> </del>                                     |                                                  |                                                  | <del> </del>        | <b>1</b>                                         |                                                  |                                                  |
| Long Finger                | A CONTRACTOR |                                                  |                                                  |                                                  |                     |                                                  |                                                  |                                                  |
|                            |              | IT                                               |                                                  |                                                  |                     | ~*************************************           |                                                  |                                                  |
| MCP Extension/Flexion      |              |                                                  |                                                  |                                                  | 1                   | 1                                                | <b></b>                                          | <del>                                     </del> |
| PIP Extension/Flexion      | 1            |                                                  |                                                  | [                                                |                     | <del>                                     </del> | <b></b>                                          | <del>                                     </del> |
| DIP Extension/Flexion      | 1            |                                                  |                                                  | [ <del></del>                                    |                     | 1                                                | <del>                                     </del> | <del> </del>                                     |
| ram .                      |              |                                                  |                                                  |                                                  | <del> </del>        | 1                                                | <del> </del> -                                   | <del> </del>                                     |
|                            |              |                                                  | 1                                                |                                                  |                     | <del> </del>                                     | <del>                                     </del> | <del> </del>                                     |
| Ring Finger                |              | And in case of the last of                       |                                                  |                                                  |                     |                                                  |                                                  | A ANGELONIA DE                                   |
| MCP Extension/Flexion      | <del> </del> | <del>  </del>                                    |                                                  |                                                  | ł                   | ļ                                                | <u> </u>                                         | L                                                |
| PIP Extension/Flexion      | <del></del>  | <del> </del>                                     |                                                  |                                                  | ļ                   | <b> </b>                                         |                                                  | L                                                |
| OIP Extension/Flexion      | <del> </del> | <del> </del>                                     | ~                                                |                                                  | ļ                   |                                                  | <u> </u>                                         |                                                  |
| AM                         | <del> </del> | <del> </del>                                     |                                                  | <u> </u>                                         | <u> </u>            |                                                  | L                                                | L                                                |
| F 35-M                     | <del> </del> | <b> </b>                                         |                                                  |                                                  | <b>1</b>            |                                                  | ,                                                |                                                  |
|                            |              |                                                  | The same                                         | C1116245346-47W                                  |                     | L .                                              |                                                  |                                                  |
| mall Finger                |              |                                                  |                                                  |                                                  |                     |                                                  |                                                  |                                                  |
| ACE Extension/Flexion      |              |                                                  |                                                  |                                                  |                     | <del> </del>                                     |                                                  |                                                  |
| PIP Extension/Flaxion      |              |                                                  |                                                  |                                                  |                     |                                                  |                                                  |                                                  |
| DIP Extension/Flexion      |              |                                                  |                                                  |                                                  |                     | <del></del>                                      | <del></del>                                      |                                                  |
| FAM                        |              |                                                  | ~                                                | •                                                |                     |                                                  | <del></del>                                      | •                                                |
| herapist initials _/W\     | WS           |                                                  |                                                  | <del></del>                                      | <del></del>         | <del></del>                                      | :                                                |                                                  |

Dynamic Hand Therapy Grip/Pinch Strength Flow Sheet

| ₹           |
|-------------|
| 10:47       |
| NOM         |
| DEC-12-2011 |

|                                  |          |        |              |     |          |    |          | Ü                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------|----------|--------|--------------|-----|----------|----|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Exam Date                        | 126/11   | 126/11 |              |     |          |    |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Measurements: Kg Lb ·            | R        | 1      | R            | Ŀ   | R        | Ĺ  | R        | L'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | R   | L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Grip strength-jamer 2nd position | <u> </u> |        |              |     |          |    |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Trial 1                          | 126      | 135    |              |     |          |    |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Trial 2                          | 92       | 145    |              |     |          | ]  |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     | <u></u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Trial 3                          | 110      | प्पि   |              |     |          |    |          | <del> </del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Average:                         |          |        | }            |     |          | 1. |          | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Grip Curve-Jamar Dynamometer     |          |        |              |     |          |    |          | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Intrinsics 1st position          |          |        | -            |     |          | -  | <u> </u> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 2nd position                     |          |        |              |     |          |    |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 3rd position                     |          |        |              |     |          |    |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     | - 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 4th position                     |          | -      |              | -   |          |    |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     | a de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de l |
| Extrinsics 5th position:         |          |        |              | .,1 |          |    |          | 11234                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | -   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                  |          |        | . 1 . 62     |     |          |    |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Rapid Alternation Test           |          |        |              | 1 4 | î        |    |          | 146                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | No. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                  |          |        |              |     |          |    |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| inch Strength                    |          |        |              |     | 7.<br>1. |    |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 3-pt (3-jaw chuck)               | 26       | 29     | Of West rock |     |          |    |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     | ····                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 2-pt (pad)                       | 2.0      | IB!    | 1 Ular 100   |     | ri<br>Fi |    | ·        | 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Lateral Key                      | 28       | 26/    | 1 Vicental   |     | 7        | 4  | •        | 12 :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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Anton J. Fakhc MD, FACS, FICS Gary A. Kronen, MD Paul E. Papierski, MD Taruna Madhav Crawford, MD Marcus G. Talerico, MD Jeremy T. Bell, PA-C Thomas M. Hunt, OPA-C MBA

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**SCHAUMBURG** 

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**Therapy Prescription** 

| (X) Hand The                                                                                                                      | ∍rapy                                           |                          |                               | ( ) Phy                                                               | sical Therapy                                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------------|-------------------------------|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| Name of the Patient:                                                                                                              | Paul Dulberg                                    |                          | • .                           |                                                                       | ••                                                                                                 |
| DOB: <u>03/19/1970</u>                                                                                                            | Tele                                            | phone:                   | (847)497-4250                 |                                                                       |                                                                                                    |
| Diagnosis: R forear                                                                                                               | m laceration with w                             | rist flexor v            | veakness, fatigue. No re      | strictions                                                            |                                                                                                    |
| Special Instructions/Preca                                                                                                        |                                                 |                          | and conditioning, pain o      |                                                                       | es                                                                                                 |
| Frequency & Duration:                                                                                                             | 1-2                                             |                          | times per week :              | 4                                                                     | weeks                                                                                              |
| Evaluation and Treatment Exercises (X) AROM () PROM (X) Strengthening () Manual Therapy () Splints () Static () Dynamic () Dorsal | Pro (): (): (): (): (): (): (): (): (): ():     | Extensor T               |                               | () ADL's<br>() CPM for<br>() FCE<br>() Work C<br>() Work H            | eous<br>Exercise Program<br>r home use<br>onditioning                                              |
| () Hand based () Wrist/Forearm based () Volar Specific Joint position req () Wrist () MP () PIP () DIP () Thumb CMC () MCP () IP  | (X)<br>() () () () () () () () () () () () () ( | Ultrasound<br>Iontophore | sis<br>Pulsed Current<br>Pack | (X) Desens<br>() Wound<br>() Soft Tiss<br>() Sterile D<br>(X) Pain Ro | Control<br>ontrol/Massage/Remodeling<br>sitization<br>Care<br>sue Mobilization<br>Dressing Changes |
| Physician's Signature:                                                                                                            | Maun                                            | X1:                      | Talemo, M                     | Date: 12/0                                                            | 2/11                                                                                               |
| Scheduled for:                                                                                                                    | Tuesday Decembe                                 | er 6,2011 a              | at 3:30pm                     | at: <u>Dyna</u>                                                       | amic Hand Therapy/ Fox Lake                                                                        |

# DYNAMIC HAND THERAPY Initial Evaluation \

| Name: Paul Wilberg                                     | Date: 7-16-12                              |
|--------------------------------------------------------|--------------------------------------------|
| Physician: Dr. Sagrman.                                |                                            |
| Diagnosis: Ulnas mark unjug                            |                                            |
| Mechanism of Injury/Hx of current complaint            |                                            |
|                                                        |                                            |
| PMH &/or Hx relevant to injury:                        | -3-7, Que ulna newe transportion 4-5400 og |
| Occupation: Shappic Daign / Pro                        | internal Carpaintan Hand Dominance         |
| Precautions:                                           |                                            |
| SUBJECTIVE: Pain:/- ユ / 10 at rest / best              | 7-8 /10 with activity / at worst           |
| Details: ft taking Thoras & galar                      |                                            |
| OBJECTIVE: Wound/Scar: State has in place,             |                                            |
| See flow sheet for                                     | Of Contention                              |
| Sensation: Argots tinfing Il                           | in west derit                              |
| D'Edema Modorato coloma im                             | Gream wast Sdart                           |
| □ Strength                                             |                                            |
| Flexibility: Intrinsics/Extrinsics: Jahrnes            | a noted in both                            |
| Function/ADL's: Prior level of function: Pre-          |                                            |
| Chromational CC is Mill and                            | vins contamos such as moderino Poistolo    |
| Way tooks, lifting & poining. Other Relevant Findings: | Siquids, gripping & pulling wang wand.     |
| -                                                      |                                            |

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| Patient name: Poul Dulberg                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Assessment/Therapist impression: It many to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Patient name: Paul Dulberg  Assessment/Therapist impression: flynamists & mod. adams & pain, Mid.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| from Hoon , Va functional uso of B daminant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| Skilled Therapy needed in order to: Manage prins Ledonsa, I Mom I functione                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Functional Goals: 1 Junction of UE WO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Short term 4wks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| 3. It & 7 acture ellow / In 5-10° & imprise whiley to mach Long term of neground & closets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Long term syndgrate & closets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 1. Maximus function q @ UE for retire X D in ANS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| Goals discussed with patient? Tyes I no Patient informed of diagnosis/prognosis? Tyes I no                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| - Sylves II 110                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Rehabilitation potential: Dexcellent Decod - Defair Oguarded Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Modelities State Lord, HUPC, U.S., Oyo - PRN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Marrial Techniques Sim adama ( san mate, prom                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Therapeutic Exercise/Activities Morn g Mon forum unat & degete function                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| grosp ( pinich activities description or marses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Splinting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Other .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| ***Frequency 2 times / week for 4 weeks or visits***                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Additional requests/concerns:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| certify the need for these services furnished under this care plan date aforementioned above. The above plan is<br>terein established and will be reviewed every 30 days.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Allerande over 7-16-12 DI- S. Saguna Boc Mala                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| herapist Signature date Physician Signature date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

| Dynamic Hand Therapy  | Date Date    | / Sheet<br>Date                          | <del>,</del>      | , Deta                  | ,<br>       | Patient Name            | : Pau          | Uller.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | a ·                       | . Post of    |       | . :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                |
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|                       | 1/5/12       | 1/5/12                                   | <del></del>       | Date 5//2//2            | <i>.</i>    | Date                    |                | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1                         | Date         | T     | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <del>,</del>                                   |
| Circumferences (cm)   | Control L'IR | involved i/R                             | Diff.             | 4/3/12<br>Involved L(R) |             | 15/4/12<br>Involved L(R |                | 6/4/12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           | 77-16-12     |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ┼ 。                                            |
| wrist flexion crease  | 1627         | 110.7                                    | <del> </del> =    |                         | Diff.       | Involved L(R            | ) Diff.        | Involved L/R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Diff.                     | Involved L/R | Diff. | Involved L R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Diff.                                          |
| mid-metacarpals       | . 23.1       | 231                                      | 7                 | 17.U<br>22.S            | · ·         | 16.8                    |                | 16.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1.3                       | 200          | 1.5   | William Cd L IV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 10111.                                         |
|                       | 1 20.8       | 7                                        | A. 7              | 21.2                    |             | 22.5                    |                | 32.8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 4-5                       | 22.9         | 1.9   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del> </del>                                   |
| Thumb _ a             |              |                                          |                   |                         |             | 215                     |                | 121: L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1.4                       | 221.0        | V. 1  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del> </del>                                   |
| MP v                  |              |                                          |                   | CONTRACTOR OF STREET    |             |                         |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 75.55                                          |
| P1                    | 17.4         | 7.7                                      | 1.3               | 7.2                     |             | 7 11                    |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>_</b>                  |              |       | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                |
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| P2                    |              |                                          |                   |                         |             |                         |                | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           | 17-6         |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del> </del>                                   |
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| P1                    | . ツ・3        | 7.1                                      | レンン               | .7-1                    |             |                         |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CARGO V                                        |
| PIP                   |              |                                          | \ <u>\\</u>       | ( 5 1                   |             | 7.3                     |                | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <u>J. 2</u>               | 7.7          | 1.6   | AND PARTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF T |                                                |
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| . DIP                 |              |                                          |                   | •                       | <del></del> |                         |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>—</b>                                       |
| P3                    |              |                                          |                   | -                       |             |                         |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           | ( ·          |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del> </del>                                   |
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| P1                    | 6.8.         | 6.8                                      | -                 | (0.                     |             | <b>3.4</b>              |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |              |       | Paris de la                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                |
| PIP                   |              |                                          |                   |                         |             |                         |                | 6.8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1-31                      | 7-1          | 个, 3  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |
| P2 :                  |              |                                          |                   |                         |             | <del></del>             | <del></del>    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           | (0.8         |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |
| DIP :                 |              | Ą                                        |                   |                         | ¬           |                         |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |
| P3                    |              |                                          | `                 |                         |             | <del></del>             |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           | <u>}</u>     |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |
| Ring Finger           |              |                                          |                   |                         |             |                         | ATABLE STATES  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           | ٠,           |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u>,                                      </u> |
|                       | 2.605        | 6.6                                      | <b>↑-</b> 1       | 6-5                     |             |                         |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |
| PIP 🔻                 |              |                                          |                   |                         |             | 617                     |                | 6.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 4-2                       | 16.7         | 1-21  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | - AND AND AND AND AND AND AND AND AND AND      |
| · P2 ·                |              |                                          |                   |                         | <del></del> | <del>-</del>            |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           | 6.7          | · ·   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del></del>                                    |
| DIP                   |              |                                          |                   | <del>- `</del>          |             |                         |                | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           | <u> </u>     |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |
| P3                    |              |                                          |                   |                         |             |                         |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |              |       | .:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                |
| Small Finger .        |              |                                          |                   |                         |             |                         |                | ANN HOUSE AND AND AND AND AND AND AND AND AND AND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           | )            |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |
| P1 `                  | (0.0)        | 6.1                                      | A-1               | 5.9                     |             |                         | death.         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |
| PIP                   |              |                                          | <del>-17(</del> - |                         |             | 43                      |                | 5.9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <u> 4 4 1</u>             | 6.2.         | 1,3   | and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s | Basic Committee                                |
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| Trial 2 Follow (nous) | 7.           | desired all transfer in the state of the |                   |                         |             |                         |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TATALAN TATA                                   |
| Trial 2 Colon ( name  |              |                                          |                   |                         |             |                         |                | 30.3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                           | 31.5         | 11,2  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 144                                            |
| Trial 34" distal      |              |                                          |                   |                         |             |                         |                | 27:0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Y                         |              | 7.1   | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                |
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|                       |              |                                          |                   |                         | 17,         |                         | <del>-  </del> | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <del>{ </del>             | 28.1         | 1.6   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |
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| Elbow & Forearm                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |              |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                                       |                                         |
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|                                             | -5 <u>\$</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 60                                        | 65.          | (0)                                              | US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | カナ(                                              | 65                                    |                                         |
| Ulnar Deviation 25                          | 20t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1 15                                      | 15           | 30                                               | 15-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 20                                               | 20                                    |                                         |
| The Delicion                                | 30t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 25                                        | 35           | P.O.                                             | 40                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 30+1                                             | 30                                    |                                         |
| Thumb                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |              | Inm                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | uw 1                                             |                                       |                                         |
| MCP Extension/Flexion                       | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                           |              | WY                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 40,000                                           | <del></del>                           |                                         |
| PIP Extension/Flexion                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |              | <del> </del>                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del>                                     </del> |                                       |                                         |
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| Opposition                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |              |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                                       |                                         |
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| DIP Extension/Flexion                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |              |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                                       | 954                                     |
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| DIP Extension/Flexion                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |              |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del></del>                                      |                                       | 957                                     |
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| PIP Extension/Flexion                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           | row H        | <del>-&gt;</del>                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                                       | 83-1                                    |
| DIP Extension/Flexion                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           | NP /         |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1                                                |                                       | (25                                     |
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| Therapist initials LW)                      | MS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                           | AV           |                                                  | M3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | NU :                                             | IN                                    | 100                                     |

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**DYNAMIC HAND THERAPY**Re-Evaluation of Progress, Goals and Plan of Care

| tient: Paul Dulberg Physician: A Sagnman Date: 6-4-12 Diagnosis: (R) Apparan Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the Paranter of the P |
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| Diagnosis: (B) fram lacoution of when flexas drant Date: 6-28-11  Surgical Hy: Date  Date: 6-28-11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| Number of visits to date:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:Start of Care:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| SUBJECTIVE:  Pain:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Details: 10/10 Ana yew Deands @ a Line                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Improvements: ft rearts no immortante and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Continued difficulties: Opening Sudom jus /containers, holding a slate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| OBJECTIVE: Wound/Scar:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| See flow sheet for:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Edeina: Jd. 2-5cm throughout hand ourist                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| □ Sensation: TBA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| EROM: To wrist of Td selbon V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Strength: This id 10# 3pt pench 1d8# apt pinch 14#                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Treatment summary to date: Abat, U.S. Scan mile 500 PRom star offers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| - Veg puly (No, BTE program.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Assessment/therapist impression: In Auto of Ahersthoning attribes at any                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Assessment/therapist impression: In April & Ameritaning activities pts grus  Cent to I live aim has not improved: Recommand at return  To mi) for sungical evaluation  Goals: STG's met: [] yes [] no LTG's met: [] yes [] no                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Revised functional goals:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 1. It to return to mo for surgeid evaluation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| Patient: Paul Wulkera                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| ☐ other:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| PLAN:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Modalities:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Exercise:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Splinting:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Other:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| ***Frequency/Duration: TBD times/week for TBD weeks or TBD additional visits***  I have reviewed this plan of care and recertify a continuing need for services from the date of this updated plan of care; the above a service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the  |
| updated plan of care is herein established and will be reviewed every 30 days.  Additional requests/concerns:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Mondie Jole D. Agenar 1500 6/6/2 Therapist Signature Deposition of the Physician's Signature date  PLEASE FAX BACK TO: 847-587-3346                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

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|------------------------------------|------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------|---|-----------------|---|----------------------------------------------|----------------------------------------|
| Exam Date                          | 5/4/ | 2                                     | 6-4-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 12                 |              |   |                 |   |                                              |                                        |
| Measurements: Kg Lb                | R    | L                                     | R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | L                  | R            | L | R               | Ļ | R                                            | Ļ                                      |
| Grip Strength – Jamar 2nd Position |      |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |              |   | <del>0 </del>   |   | in the same to a make a place of the same of |                                        |
| Trial 1                            | 104  | 155                                   | 107                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 149                |              |   |                 |   |                                              | ······································ |
| Trial 2                            | 109  | 154                                   | 94                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 134                |              |   |                 |   |                                              | -                                      |
| Trial 3                            | 110  | 150                                   | 91                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 146                |              |   |                 |   |                                              | · · · · · · · · · · · · · · · · · · ·  |
| Average                            | Loa  | 153                                   | 97#                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 143                |              |   |                 |   |                                              |                                        |
|                                    |      |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    | ll           |   |                 |   |                                              |                                        |
| Grip Curve – Jamar Dynamometer     |      |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |              |   |                 |   |                                              |                                        |
| Intrinsics: 1st Position           |      | · · · · · · · · · · · · · · · · · · · |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |              |   |                 |   |                                              |                                        |
| 2nd Position                       |      |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |              |   |                 |   |                                              |                                        |
| 3rd Position                       |      |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |              |   |                 |   |                                              |                                        |
| 4th Position                       |      |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |              |   |                 |   | -                                            |                                        |
| Extrinsics: 5th Position           |      |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |              |   |                 |   |                                              |                                        |
|                                    |      |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |              |   | 354             |   |                                              |                                        |
| Rapid Alternating Test             |      |                                       | Commercial In the commercial sections                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |              |   |                 |   |                                              |                                        |
| Pinch Strengths                    |      |                                       | 9.254 1 4.562                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |              |   |                 |   | 10 1 2 2 3 H B                               |                                        |
| 3-Point (3-Jaw Chuck)              | 16   | 20                                    | 24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 24                 |              |   |                 |   |                                              |                                        |
| 2-Point (Pad)                      | 12   | 18                                    | 1(0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 19                 |              |   |                 |   |                                              |                                        |
| Lateral Key                        | 24   | 36                                    | 24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 27                 |              | · |                 |   |                                              |                                        |
| xaminer's Initials                 | wa   |                                       | i de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición dela composición de la composición dela composición de la composición dela composición dela composición de la composición de la composición de la composición de la composición dela composición de la composición dela composición dela composición dela composición dela composición dela composición dela composición dela composición dela composición dela composición dela c | 9 <b>65.5</b> 6667 |              |   | Valverale (1-2) |   |                                              |                                        |

## Semmes-Weinstein Monofilament Sensory Testing Results

|          | Patient: Yane        | Oulbera                         |             |
|----------|----------------------|---------------------------------|-------------|
| Comments | Filament             |                                 |             |
| 3        | 1.65 - 2.83 (Green)  | Interpretation Normal           | Force (gms) |
|          | 3.22 - 3.61 (Blue)   |                                 | 00808       |
|          | 3.84 - 4.31 (Purple) | Diminished Light Touch          | .17221      |
|          | 4.56 (Red)           | Diminished Protective Sensation | .445 - 2.35 |
|          | 6.65 (Red)           | Loss of Protective Sensation    | 4.19        |
|          | (Red Lined)          | Deep Pressure Sensation         | 279,4       |
| OPA      | - O                  | Tested with No Response         |             |
|          |                      |                                 |             |

Patient Name: Paul Dul berg

|                                  | 1 ( )        | <del></del> |                   | Y   | 1        |        |                                                | . U      |                                       |                                       |
|----------------------------------|--------------|-------------|-------------------|-----|----------|--------|------------------------------------------------|----------|---------------------------------------|---------------------------------------|
| Exam Date                        | 126/11       | 12/6/11     | 1/5/15            |     | 1/5/12   | 1/5/12 | 2/6/12                                         | 2/6/12   | 4-3-12                                | 4-3-12                                |
| Measurements: Kg Lb              | R            | L L         | R                 | L   | R        |        | R                                              | L        | R                                     | L                                     |
| Grip strength-jamar 2nd position |              |             |                   |     |          |        |                                                |          | · · · · · · · · · · · · · · · · · · · |                                       |
| Trial 1                          | 126          | 135         |                   |     | 121      | 14/    | 118                                            | 135      | 110                                   | 147                                   |
| Trial 2                          | 92           | 145         |                   |     | 118      | 142    | 165                                            | 140      | 110                                   | 137                                   |
| Trial 3                          | 110          | 146         |                   |     | 138      | 141    | 118                                            | 139      | 120*                                  | <u> 14</u> /_                         |
| Average:                         | 109          |             |                   |     | 126#     | 141#   | <u> </u>                                       | 138      | 113#                                  | 141#                                  |
| Grip Curve-Jamar Dynamometer     |              |             |                   |     | 1217#    |        | (1.12# frum                                    | (11.11.) | (80%)                                 | 171.                                  |
| Intrinsics 1st position          |              | ·           |                   |     | 8992     |        | 150 mouth                                      |          |                                       |                                       |
| 2nd position                     |              |             |                   |     |          |        |                                                | 1        |                                       |                                       |
| 3rd position                     |              |             |                   |     |          |        |                                                |          |                                       | · · · · · · · · · · · · · · · · · · · |
| 4th position                     |              |             |                   |     |          |        | 90                                             | 105      |                                       | # <u>#</u>                            |
| Extrinsics 5th position : *      |              |             |                   |     |          |        | 80                                             | :/00/    |                                       | 1 3                                   |
|                                  |              |             |                   |     |          |        |                                                |          |                                       |                                       |
| Rapid Alternation Test           |              |             |                   |     |          |        |                                                |          |                                       |                                       |
|                                  | Denis Carlos | 49.8        |                   |     |          |        | * 2003 200 200 100 100 100 100 100 100 100 100 |          |                                       |                                       |
| Pinch Strength                   |              |             |                   |     | Rinch-of | meter  |                                                |          | 7-3-62                                |                                       |
| 3-pt (3-jaw chuck)               | 26           | 291         | المراق            |     | Droke    |        |                                                | 474      | 94                                    | 9.5                                   |
| 2-pt (pad)                       | 20           | 18          | Pulman Production | hr  |          |        | <u> </u>                                       | 18       | 77                                    | 20                                    |
| Lateral Key                      | 28           | 26/         | Warshi was        | tro | F +      | 4      | 12                                             |          | -(C)                                  | _(\( \)                               |
| Examiners Initials               | ws           | ws          | tella             |     | MU       | W      | 22                                             | 26       | 27                                    | 28                                    |
| ,                                |              |             |                   |     | 100      | NUC    | MPS !                                          | wes      | LOV                                   |                                       |

\* pain in from .

DYNAMIC HAND THERAP

Ke-Evaluation of Progress, Goals and Plan of Care

| Patient: Paul Dulberg Physician: Dv Sagerman Date: 5/4/12  Diagnosis: (B) Forearm Large Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Contro |
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| Diagnosis: (B) Forearm (according of Ulnan Herry Date of Injury: 6/28/11 Surgical Hx; Date (6/28/11 Procedure S. 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Surgical Hx: Date 6/28/11 Procedure Surved in 812 Start of Care: 12/6///                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Number of visits to date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| SUBJECTIVE:  Pain: // 10 at rest / best // 10 with activity / at worst                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Details: Ma ta pain after valing his yard yesterday: Pain still occurs tocher                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Function/ADL's: Improvements: Able to opip objects better; Very Inthe functional Components Continued difficulties: Opening hid and in the functional Components                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Continued difficulties: Opening has on jais/containers, holding a plate in &                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| (full superation) hand; Raking causes 10/10 pain after 10 min. Wound/Scar:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| See flow sheet for:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| D'Edema: 1/d in hand/digits - Fluctuales t actuary and weather                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Sensation: 6.65 Dosal RF/SF, Voian Ulnan forarm; 4.31/3.61 Volan Ulnan polan, aust                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| PROM: Thoreased unstext = UD; Decreased unst 1/20 and 5+/2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| is strength: taken whench has decreased lift is a life is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| summary to date tours of kx has been strengthence Rom nouse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| - glidning, scar control                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Assessment/therapist impression: Sin Semana data it hotell - 1/6 1 and motion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| this edema is the today, Rom has 1'd in ext/up                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Goals: STG's met: Dyes Dno LTG's met: Dyes Dno                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Revised functional goals: (X4wew)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 1. 6 B Grasp x 5-8# to O his ability to open jain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 2 (P) 3 pt pinch sts x 3H to (P) his ability to perform                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Collins as builting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 3. ( ) Pain to \$10 a worst to @ alality to rate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| *ur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

| Patient: Paul Dulbers                                                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Skilled therapy needed for: progression of exercise Continued need for manual therapy                                                                                                                 |
| □ other:                                                                                                                                                                                              |
| PLAN:                                                                                                                                                                                                 |
| Modalities: MHP, US                                                                                                                                                                                   |
| Exercise: Allem, Stm, Stelling, Isolated FDC, TGE, name  gliding; Stangthena, functional activities                                                                                                   |
| Alding Shandthema, Lynchonial activities                                                                                                                                                              |
| Splinting:                                                                                                                                                                                            |
| Other:                                                                                                                                                                                                |
| ***Frequency/Duration: 2 times/week for 4 weeks or 8 additional visits***                                                                                                                             |
| have reviewed this plan of care and recertify a continuing need for services from the date of this updated plan of care; the above pdated plan of care; the above and will be reviewed every 30 days. |
| additional requests/concerns:                                                                                                                                                                         |
|                                                                                                                                                                                                       |
|                                                                                                                                                                                                       |
| herapist Signature                                                                                                                                                                                    |
| herapist Signature Physician's Signature date                                                                                                                                                         |
| LEASE FAX BACK TO: 847-587-3346                                                                                                                                                                       |

|                            | Date                    | Date           |               | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 200000000000000000000000000000000000000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | .00                                                | 100000000000000000000000000000000000000    | Worth                                   |                         |              |                                                   |
|----------------------------|-------------------------|----------------|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|--------------------------------------------|-----------------------------------------|-------------------------|--------------|---------------------------------------------------|
|                            | 3-28-12                 |                | 1             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Date                                               | _                                          | Date                                    | _                       | Date         |                                                   |
| Circumferences (cm)        | Control 18              | involved & (R) | Diff          | #30 (><br>Involved L/R)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 5/3//12                                            | , 2000                                     |                                         |                         |              |                                                   |
| Wrist Flexion Crease       | 16.7                    | 15.9           |               | CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR | and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th | Involved L R                                       | 300 <u>0.000 0.000 0.000</u>               | involved L R                            |                         | Involved L R |                                                   |
| Hand                       | 7,7                     | 1.12:1         | In the second | 15.8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 150-                                               |                                            | *************************************** |                         |              |                                                   |
| Mid-Metacarpa              | ils 20.3                | 2.0            | I constant    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                    |                                            |                                         |                         |              |                                                   |
| Metacarpa                  | ls 85                   | 20.3           |               | 19.8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (19.4)                                             | 8. 40 A 44<br>30 30 Aug                    |                                         |                         |              |                                                   |
| Thumb                      | 10.40                   | 18.6           | <u> </u>      | 18.10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1 10-6                                             | Transport se                               |                                         |                         | Ţ <u> </u>   | 0.000                                             |
|                            | IP I                    | Г              |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |                                            |                                         |                         |              |                                                   |
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**DYNAMIC HAND THERAPY**Re-Evaluation of Progress, Goals and Plan of Care

| Patient: Paul Dullrerg Physician: A Sagrman Date: 4-3-12  Diagnosis: R Sagrman Date: 4-3-12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Diagnosis: R Gram Avairless of What glasso Date of Injury: 6-28-11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Surgical Hx: Date 6/28/11 Procedure Sitting in ER Start of Care: 12-6-11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Number of visits to date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| SUBJECTIVE: Pain:/10 at rest / best/10 with activity / at worst                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Details: fem 10/10 upon controlling for SP, modulo in sion also  Function/ADL's: Improvements: 11/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Lost  Continued difficulties: Holding a cupo can Wing more, maintaining                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| OBJECTIVE: Wound/Scar: 1/2 hypnanaturity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| See flow sheet for:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 10 Edema: Ld toolay - overall                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| ROM: for Loup Tol 5 each liment ( 125° SE at SAC Mel ation / 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Treatment summary to date: It has not bean soon for Tx cancel 3-6-12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Assessment/therapist impression: It presents a significant westerness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Gyntamairs, Rais = 80% of Dap, Rim is inhibiting Goals: STG's met: 1 yes 10 no LTG's met: 1 yes 10 no                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Revised functional goals:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 1. It to report pain of 5/10 or loss & grupping &                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| punching to galacty to gon containing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 2. 1 3pt pinch by 2-3# & improve ability of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| offen Gottles & use Compiter morage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 3.1 (6) grap 2-5# & improve functional gray of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

| Patient: Taul Wullerg                                                                                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Skilled therapy needed for: B progression of exercise Deontinued need for manual therapy                                                                                                                            |
| 1) other: Scar smoly from                                                                                                                                                                                           |
| PLAN:                                                                                                                                                                                                               |
| Modalities: Nort (I.S. E-Stern - PRN)  Exercise: ARAM (What of digets strongthoning was free atts)                                                                                                                  |
| Exercise: ARAM (WIST of death Strangeller and                                                                                                                                                                       |
| pully, BTE as tolerated                                                                                                                                                                                             |
| Splinting:                                                                                                                                                                                                          |
| Other:                                                                                                                                                                                                              |
| ***Frequency/Duration: 2 times/week for 4 weeks or 5 additional visits***                                                                                                                                           |
| I have reviewed this plan of care and recertify a continuing need for services from the date of this updated plan of care; the above updated plan of care is herein established and will be reviewed every 30 days. |
| Additional requests/concerns:                                                                                                                                                                                       |
|                                                                                                                                                                                                                     |
| Allerande over a Saguman 1800 456                                                                                                                                                                                   |
| Physician's Signature date                                                                                                                                                                                          |
| PT FAST FAV DACTE DO COMPANY                                                                                                                                                                                        |

DYNAMIC HAND THERAPY
Re-Evaluation of Progress, Goals and Plan of Care

| Patient: Paul Dulberg Physician: Dy Televice Date: 2/16/12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Diagnosis: (R) Foreason (according year flaxor Date of Injury: 6/28/11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Surgical Hx: Date 10/28/11 Procedure Surved in ER Start of Care: 12/6/11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Number of visits to date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| SUBJECTIVE: Pain: 2 /10 at rest / best 10 /10 with activity / at worst (See below)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Details: Very specific upon contracting FDS of SE News prop in allighted 10/10-10-15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Details: Very specific— very contractine, FOS of SF New prin is elicited 10/10-lasts  Function/ADL's: a few minutes, Men 3-4/10 for approximately one day; Nodule of Improvements: Virable to identify; Morsing on Computer has slightly imprived.  Continued difficulties: Halding Charles and Contracting on Computer has slightly imprived.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Continued difficulties: Holding Cup/Can in his hand, maintaining a fist; It veports that                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| OBJECTIVE Was KUE Very little to avoid agreen ating the name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Wound/Scar: Cent hypersensituity a scan See flow sheet for: of Cont Wartenberry's Stain SF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| □ Edema:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Sensation: 4:45 Sens promote some some some some some some some som                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Sensation: L: 1:5 (Beeppenne sensetur) ulcanhand, Dirministed putective semators ylas.  ROM: 11 d. pelhonextension, pro/sup, unst est and UD noted                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Treatment summer to day X 12 to Swill previous eval, decreased pinch holed Sinic initial Vi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Treatment summary to date: Tolland for has been Scan control, desent zala- Strakla                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| - Place: held, TGE/110 lated FTIS, Composite stretching                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| A 6 0 0 0 0 m o m 4 (4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| FDS to SY only a Store roundoned con to a gloral all                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| FDS to St only a Steve remolagial reaction is elicited along ulnar now Goals: STG's met: Dyes & no LTG's met: Dyes Dno LTG's met: Dyes Dno Progress and overall standard Revised functional goals: "  Revised functional goals: "  Revised functional goals: "  The progress and overall standard functional goals: "  Revised functional goals: "  The progress and overall standard functional goals: "  The progress and overall standard functional goals: "  The progress and overall standard functional goals: "  The progress and overall standard functional goals: "  The progress and overall standard functional goals: "  The progress and overall standard functional goals: "  The progress and overall standard functional goals: "  The progress and overall standard functional goals: "  The progress and overall standard functional goals: "  The progress and overall standard functional goals: "  The progress and overall standard functional goals: "  The progress and overall standard functional goals: "  The progress and overall standard functional goals: "  The progress and overall standard functional goals: "  The progress and overall standard functional goals: "  The progress and overall standard functional goals: "  The progress and the progress and overall standard functional goals: "  The progress and the progress and the progress and the progress and the progress and the progress and the progress and the progress and the progress and the progress and the progress and the progress and the progress and the progress and the progress and the progress and the progress and the progress and the progress and the progress and the progress and the progress and the progress and the progress and the progress and the progress and the progress and the progress and the progress and the progress and the progress and the progress and the progress and the progress and the progress and the progress and the progress and the progress and the progress and the progress and the progress and the progress and the progress and the progress and the pr |
| Revised functional goals: "The state of the fine of the fine of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the st |
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| 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| Patient: Paul Dulberg                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Skilled therapy needed for:   progression of exercise   continued need for manual therapy                                                                            |
| 〇 other:                                                                                                                                                             |
| PLAN:                                                                                                                                                                |
| Modalities: It to be placed on hold until he seeks further medical                                                                                                   |
|                                                                                                                                                                      |
| no blem that is not be me to the by one specific                                                                                                                     |
| splinting: SF FDS appears to be alread in frespy - His                                                                                                               |
| Other: wery time it is fixed.                                                                                                                                        |
| ***Frequency/Duration: Hold OT   PTWD weeks or edditional with the                                                                                                   |
| I have reviewed this plan of care and recertify a continuing need for services from the date of this updated plan of care; the above updated plan of care; the above |
| Additional requests/concerns:                                                                                                                                        |
|                                                                                                                                                                      |
| Mushanashorus / 128. 2/8/12                                                                                                                                          |
| Therapist Signature Physician's Signature date                                                                                                                       |
| PLEASE FAX BACK TO: 847-587-3346                                                                                                                                     |

## Semmes-Weinstein Monofilament Sensory Testing Results

| Comments                               | 99497                    | Ulberg                          |             |
|----------------------------------------|--------------------------|---------------------------------|-------------|
| ************************************** | Filament                 | Interpretation                  | Force (gms) |
|                                        | 1.65 - 2.83 (Green)      | Normal                          | .00808      |
|                                        | 3.22 - 3.61 (Blue)       | Diminished Light Touch          | .172217     |
|                                        | 3.84 - 4.31 (Purple)     | Diminished Protective Sensation |             |
|                                        | 4.56 (Red)<br>6.65 (Red) | Loss of Protective Sensation    | 4.19        |
|                                        | (Red Lined)              | Deep Pressure Sensation         | 279,4       |
| OBA                                    | (Ket) Linea)             | Tested with No Response         |             |
|                                        | astra soint              |                                 |             |

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Revised November 198\*

DYNAMIC HAND THERAPY
Re-Evaluation of Progress, Goals and Plan of Care

| Patient Paul 10, 10,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | •                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Patient: Paul Dulberg Physician: A Tulbrees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Date:                    |
| To the an lacarellar of west flower Det                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | e of Injury: 6-28-11     |
| Surgical Hx: Date 6-28-1/ Procedure Sutured on ER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | _Start of Care: _/2-6-1/ |
| Number of visits to date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |
| SUBJECTIVE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |
| Pain: 4-5/10 at rest/best 9/10 with activity / at worst                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | •                        |
| Details: Spland prin up & 9/10 that lasts only a few. Function/ADL's:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Jacanol.                 |
| Function/ADL's: Improvements: 40 flunctage all improvements day to Tin Continued difficulties: 110 flunctage all and a second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second  | /-                       |
| Continued difficulties: Wytens, When war as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | wants.                   |
| Continued difficulties: whiting, whing morese, pouring coffee ancel objects, Itaning wit through polining Wound/Scar Marine of the Mound of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of the Continued of th |                          |
| Wound/Scar: Minimal hunntrushy with a De                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 5                        |
| Wound/Scar: Minimal hypertryphy with a lump in carring See flow sheet for:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | an sup in who            |
| Beleina: Maderato edema across mep yts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | •                        |
| Sensation: IBS next visit du & tems constraints                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |
| ROM: Ellow / Td6° wort / Td5° wrist / Jd5°                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <u> </u>                 |
| Strength: Ropin 1'd 1)# (R)= 892 g (L)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |
| Treatment summary to date: MHP. US , Dan make, 5mm, Parem of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |
| Course overelles Govern                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 71                       |
| Assessment/therapist impression.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | anning                   |
| Assessment/therapist impression: A phonon improvements in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Arom Onet                |
| of the same and to the to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | lmen                     |
| Goals: STG's met: Tyes one LTG's met: Tyes one                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | . —                      |
| Revised functional goals: 4who                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |
| (Cont.) 1 (B) prometerin 5-8° & 1 pts alrelety & pour cu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Gle!                     |
| 0.6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <i>-</i>                 |
| 2. 1 (R) grup another 5# & improve about to hard a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | nts cares muses          |
| or gan gens                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |
| 3. It to capit pain 43/10 at best to enable him.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | to use (R)               |
| UE to assist in Adis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |
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| Pati                                                                                                                                                                             | ent: Paul Dulberg                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Skilled therapy needed for: I progression of exer                                                                                                                                | cise Decontinued need for manual therapy                              |
| other: Scan milt STM Prov                                                                                                                                                        | rellow, wrest , digets                                                |
| PLAN:                                                                                                                                                                            |                                                                       |
| Modalities: MHP U.S PRN                                                                                                                                                          |                                                                       |
|                                                                                                                                                                                  | intimaia mereisas,                                                    |
| Exercise: Alan ollow, whit digits  functional grip of pinch, stanges  Splinting:                                                                                                 | gthoning as Tolorated                                                 |
| Other:                                                                                                                                                                           |                                                                       |
| ***Frequency/Duration: 2-3 times/week for<br>I have reviewed this plan of care and recertify a continuing new<br>Updated plan of care is herein established and will be reviewed | ed for services from the date of this updated plan of care; the above |
| Additional requests/concerns:                                                                                                                                                    |                                                                       |
|                                                                                                                                                                                  |                                                                       |
| Allementa out                                                                                                                                                                    |                                                                       |
| Therapist Signature                                                                                                                                                              | Physician's Signature date                                            |

PLEASE FAX BACK TO: 847-587-3346

# DYNAMIC HAND THERAPY Initial Evaluation

| Name: Paul Dulbarg Date: 12/6/11                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------|
| Physician: Date of injury/onset: 6/28/1/                                                                                              |
| Diagnosis: @ Foreaun laceration of unst flexor                                                                                        |
| Mechanism of Injury/Hx of current complaint: Changa to forearm - Neighbor Using chains a                                              |
| Turned around and cut patients arm                                                                                                    |
| Surgical Hx: Date 6/28/11 Procedure Sutured in ER  Date Procedure                                                                     |
| PMH &/or Hx relevant to injury: WE Ulnar name transposition 4-5 years ago; DD C3.7                                                    |
| Occupation: Graphic Jesien Hand Dominance                                                                                             |
| Precautions:                                                                                                                          |
| SUBJECTIVE: Pain:/10 at rest / best                                                                                                   |
| Details: Pain I'd amount - when him a night, A'd Tactwifay; Pain occurs where see OBJECTIVE:  Seems adhered to ulnar boarder of ulnar |
| OBJECTIVE: Seems adhered to ulnar boarder of ulna Wound/Scar: Healed well; mild hypertrophy noted; mild adherence to musur            |
| See flow sheet for:    Sensation: TBA; Hypersensituity noted in foream.                                                               |
| Range of Motion Unufation noted in Bellon, Fream, Eurot                                                                               |
| DEdema No sig edema noted today                                                                                                       |
| Strength Limbations noted in EGnass; 3pt pince                                                                                        |
| Flexibility: Intrinsics/Extrinsics: Tight extrances and intrinsics                                                                    |
| Function/ADL's: Prior level of function: DERUE                                                                                        |
| Current level of function: Influently hammering, whing monsing (work involves typinglin                                               |
| Urning door handle, pouring coffee, manipulating small objects bearing meight ling                                                    |
| Other Relevant Findings: (+) Wardenberg 5 Sign; ADM: 3/5, ODM: 3/5; FDS-SF. 4                                                         |
| FDS RF 4H5 = pain                                                                                                                     |

| Patient name: 1 aul 1 vi                                                                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Assessment/Therapist impression: It presents i par, Rom deficits, strength defuts,                                                                                                                                                                    |
| Tight extrasics, significant deficits during functional activities; Numbries /ting                                                                                                                                                                    |
| reported - print be asserted more specifically.                                                                                                                                                                                                       |
| Skilled Therapy needed in order to: Impreve Rem, implace pain                                                                                                                                                                                         |
| Functional Goals: Short term (X4 weeks)  1. (B) (B) with extension x 5-80 to (B) pt 15 abolity to bear weight through palm.  2. (B) (B) grass x 3-5 to (B) pt 15 abolity to open containers  3. (B) (B) pro x 50 to (B) pt 15 abolity to pour coffee. |
| Long term  1. Maximy for trianal Using RUE duringall ADUS.                                                                                                                                                                                            |
| Goals discussed with patient? Byes I no Patient informed of diagnosis/prognosis? If yes I no                                                                                                                                                          |
| Rehabilitation potential:     excellent   good   fair   guarded   Other                                                                                                                                                                               |
| PLAN: ModalitiesUS                                                                                                                                                                                                                                    |
| Manual Techniques 5tm, scan central, salass, use                                                                                                                                                                                                      |
| Therapeutic Exercise/Activities Stretching, scarmeb, TGE, New oxiding,                                                                                                                                                                                |
| gentle strengthens as tolerated, isolated for, desensitization                                                                                                                                                                                        |
| Splinting                                                                                                                                                                                                                                             |
| Other                                                                                                                                                                                                                                                 |
| ***Frequency 2 times / week for 4 weeks or 8 visits***                                                                                                                                                                                                |
| Additional requests/concerns:                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                       |
| I certify the need for these services furnished under this care plan date aforementioned above. The above plan is herein established and will be reviewed every 30 days.                                                                              |
| Moramanheraut                                                                                                                                                                                                                                         |
| Therapist Signature date Physician Signature date                                                                                                                                                                                                     |

\*PLEASE FAX BACK AT 847-587-3346

| Patient Information                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| Account #: 0042000185                          | Co - Pay:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | OR Co - Insurance:                                 |
| Name: Dulberg, Paul                            | Injury #: _001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Dx: 88100 Open wound of forearm, w/out             |
| Payor Code: 00001                              | Payor Name: Patient Responsibility                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Financial Class: SELF                              |
| Appointment Detail                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |
| Discipline: OT                                 | Tx Time In:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Units:                                             |
|                                                | Tx Time Out:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Total Time Based Time:                             |
| Date: 08 / 02 / 12                             | # Visits Prior To Today: 43 of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 40 Total Treatment Time:                           |
| RT Code Description                            | Units RT Code Description   F010   Vasopneumatic Device                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Units RT Code Description Units C005 Gait Training |
| A001 PT Eval  A002 PT Re Eval  A003 OT Eval    | G001 Ultrasound B001 Manual Therapy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | F008 Traction Mechanical H003 Custom WHFO Static   |
| A004 OT Re Eval F003 HP/CP                     | C001 Theraputic Activities C002 Neuromuscular Re-Ed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | H006 Custom WHO Static H005 Custom WHFO Dynamic    |
| F004 Estim Unattend Additional Treatment Codes | C002   Therapeutic Exercise                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | H018 Custom HFO Static                             |
| SOAP: S: " Mus on                              | m leels vens swelle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | n grand his area of my star."                      |
| O: Prene                                       | is a vegran of eden                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | na at level of distal scan-                        |
| Mo s                                           | ign of infaction noted                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | , but san pour francis                             |
| - bane                                         | Sun Francis Xm burn                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | TO SON,                                            |
| N: X10, X10                                    | a trans la forming is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | GINENIAL VEGGO. Improved                           |
| istre                                          | with resented by patien                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | t while grapping object.                           |
| P. Centra                                      | e to upgrade per of tole                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Vance US for Can tisour prior                      |
|                                                | to stray straying                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | >                                                  |
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|                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |
|                                                | 1000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                    |
|                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |
|                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |
|                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \W/ \\(\)\\                                        |
| <i>i</i>                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |
| May                                            | Namanhorum                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | PAIN SCALE 10                                      |
| THERAPIST / CREDENTIALS                        | - An Anna Com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                    |
| LICENSE NO.                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |

| Patient In | formation                             |             | <u> </u>                    |                                           |                    |                                           |                                        |                |
|------------|---------------------------------------|-------------|-----------------------------|-------------------------------------------|--------------------|-------------------------------------------|----------------------------------------|----------------|
| Patientin  | HOHIRAGON                             | <u></u>     |                             |                                           | <br>OR             | Co-                                       | Insurance:                             | <u> </u>       |
| Account #: | 0042000185                            | <del></del> | Co -                        | Pay:                                      | . OR               | `                                         | Open wound of forearr                  | ກ, w/out       |
|            | ulberg, Paul                          |             | Injur                       | y #: <u>001</u>                           | _ Dx               | :                                         |                                        |                |
|            |                                       |             |                             |                                           |                    | Fin                                       | ancial Class: SELF                     |                |
| Payor Coo  | de: _00001                            | Payor Nar   | ne:rau                      | ent Responsibility                        |                    |                                           |                                        |                |
| Appointm   | nent Detail                           |             |                             |                                           |                    |                                           | . i                                    | •              |
|            |                                       | -           | rv Time In                  | :                                         |                    | Units:                                    | 4                                      |                |
| Discipline | : <u>OT</u>                           | ,           | IX TIIIIO III               | 700                                       |                    | Total Time                                | Based Time:                            |                |
|            |                                       | ٦           | fx Time O                   | ut: 200                                   |                    |                                           |                                        |                |
| D-4 (      | 07 / 30 / 12                          | ;           | # Visits Pr                 | ior To Today: 42 of                       | 40                 | Total Trea                                | tment Time:                            |                |
| Date:      | 31 1 00 1 1 <u>-</u>                  |             |                             |                                           |                    | RT Code                                   | Description                            | Units          |
| RT Code    | Description                           | Units       | RT Code                     | Description Vasopneumatic Device          | Unite              | G005                                      | Galt Training                          |                |
| A001       | PT Eval                               |             | F010<br>G001                | Ultrasound                                |                    | FD08<br>H0D3                              | Traction Mechanical Custom WHFO Static |                |
| A002       | PT Re Eval                            |             | B001                        | Manual Therapy                            | <del>- (1) -</del> | H006                                      | Custom WHO Static                      |                |
| A004       | OT Re Eval                            |             | C001                        | Theraputic Activities Neuromuscular Re-Ed |                    | H005                                      | Custom WHFO Dynamic                    |                |
| F003       | HP/CP                                 | <del></del> | G002                        | Therapeutic Exercise                      | (3)                | H018                                      | Custom RPO stace                       |                |
| F004       | Treatment Cod                         | les'        | 1.)                         |                                           |                    |                                           |                                        | 7              |
|            | Al Heatment ook                       |             | N 1                         | & COURT THOOK                             | d Com              | erossi                                    | on on myel                             | Now.           |
| SOAP:      | S. "I Saw                             | HALL HA     | 17/1/1                      | 51.04 01                                  | VONTO              | K the                                     | Same Spot                              | 10 his         |
|            | a. Cont                               | Pea KA      | Man                         | XIA OFT - YT                              | V CAN              | 100 100                                   | not unprace                            | delellin       |
|            | 100 A                                 | Vim ho      | $\alpha$                    | Sharp pun.                                | _ UM               | 160                                       | 1.511.00                               | nel STM        |
|            | 100                                   | 10 CHC      | upa_                        | danora                                    | 2 pot-             | , Lan                                     | A CAA COLO                             | Tuesday        |
| -          | 4-194                                 | 3 0 10 V    | 2600                        | Plad Inha                                 | sic ex             | <u> 5 , 150</u>                           | ated + DS.                             | MATRICO        |
| _          | A CHI                                 | WWIT        |                             | 11 10 10 10 10 10 10 10 10 10 10 10 10 1  | 4000               | /<br>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |                                        |                |
|            | DILL                                  | (mato       | (1) 8                       | wall name                                 | <u> </u>           | de Ala                                    | alaba ta nesson                        | missaded       |
| -          | A: Shan                               | O DALA.     | Year                        | un a in thea                              | VM-12              | V1 000                                    | 0)                                     | 00 ROIM        |
| -          |                                       | 1           | N RO                        | m house in                                | MENKLA             | - HALA                                    | MANGO CVEZIA                           | - 1            |
| -          | · · · · · · · · · · · · · · · · · · · | 12 V        | -d Ca                       | Nie Sx. It                                | <u>- Isal</u>      | atia_                                     | FDS 12 260                             | 10300          |
| -          |                                       |             | <del>- 4</del>              | - NOON.                                   |                    |                                           |                                        |                |
| _          | 6 0 1                                 | 130         | A 17 P                      | Jo COA D                                  | tal                | . M                                       | Dordered a                             | compressi      |
|            | P. Cont                               | JULL +      | o upa                       | varie ) the                               | 1                  | - C                                       |                                        |                |
| _          |                                       | clo         | DAR.                        | · applua iv                               | 12 rains           | 22                                        |                                        |                |
| -          |                                       | 0           | <b></b>                     |                                           |                    |                                           |                                        |                |
|            |                                       |             |                             |                                           |                    |                                           | . <u></u>                              |                |
|            |                                       |             |                             |                                           |                    |                                           |                                        |                |
| ,          |                                       |             |                             |                                           |                    |                                           | _                                      | $\widehat{}$   |
|            |                                       |             |                             |                                           |                    |                                           | ( <b>4</b> )                           | <b>₹</b> -}    |
|            |                                       |             |                             |                                           |                    |                                           |                                        | A A            |
|            |                                       |             |                             |                                           |                    |                                           | $(1-\{\{+1\}\})$                       | (2/4)          |
|            |                                       |             |                             | <u></u>                                   |                    |                                           | 11/11 /                                | 147            |
|            |                                       |             |                             |                                           | ····               | -                                         | 1 1/M                                  | 1 1.c V/       |
|            |                                       |             |                             |                                           |                    |                                           | 5(1 X 1)3 (4)                          |                |
|            |                                       |             |                             |                                           |                    |                                           |                                        |                |
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|            |                                       |             |                             |                                           |                    |                                           | ( \\                                   | \              |
|            | <u></u>                               |             |                             |                                           |                    |                                           | \ <b>V</b> /                           | ) <u>}}</u> {  |
|            |                                       |             |                             |                                           |                    |                                           | Whis                                   | 00             |
|            |                                       |             |                             |                                           |                    | _ 1 .                                     |                                        | <del> </del> _ |
|            | 1 4 4 4                               | N/ 1 2      | 1                           | سسلج مراواس                               |                    | E                                         | PAIN SCALE                             | 10             |
|            | $\sim$ $\sim$ $\sim$ $\sim$ $\sim$    | ~{}\\W      | $\mathcal{N}_{\mathcal{C}}$ | tunt                                      |                    |                                           |                                        |                |
|            | THERAPIST/CREDENTIALS                 | <u>v</u>    |                             |                                           |                    |                                           |                                        |                |
|            | LICENSE NO                            |             |                             |                                           |                    |                                           | •                                      |                |

|                                                 | TREATMENT ENCOUNT                                                                                                  | TER NOTE                                                              |             |
|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------|
| Patient Information                             |                                                                                                                    |                                                                       |             |
| Account #: _0042000185                          | Co - Pay:                                                                                                          | OR Co - Insurance:                                                    | ,<br>ut     |
| Name: Dulberg, Paul                             | Injury #: <u>001</u>                                                                                               | DX:                                                                   |             |
| Payor Code: 00001 Pay                           | yor Name: Patient Responsibility                                                                                   | Financial Class: SELF                                                 |             |
| Appointment Detail                              |                                                                                                                    | + /                                                                   | ,           |
| Discipline: OT                                  | Tx Time In: $5^{30}$ Tx Time Out: $6^{30}$                                                                         | Units:  Total Time Based Time:                                        |             |
|                                                 |                                                                                                                    |                                                                       |             |
| Date: 07 / 26 / 12                              | # Visits Prior To Today: 41 of                                                                                     |                                                                       |             |
| A001 PT Eval  A002 PT Re Eval  A003 OT Eval     | Inits RT Code Description F010 Vasopneumatic Device G001 Ultrasound B001 Manual Therapy C001 Theraputic Activities | Units                                                                 | ilts        |
| A004 QT Re Eval F003 HP/CP F004 Egtin Unattend  | C002 Neuromuscular Re-Ed C003 Therapeutic Exercise                                                                 | H005 Custom WHFO Dynamic 4 H018 Custom HFO Static                     |             |
| Additional Treatment Codes:                     | 1 . A. met alle la V                                                                                               | Como Jargo Jago E (R) ha                                              | nd          |
| SOAPS: H miles In                               | I he is liether all to to                                                                                          | , grips suringe grown                                                 |             |
| O: MH X (DA)  Sign (20)  Mily, STM:  Junctional | of Towarm, Aron                                                                                                    | Alvers offets Scar<br>A Prom of others & was<br>with "shorting" pains |             |
| P: Cont of.                                     | n & Arongelly                                                                                                      | MJ. V                                                                 |             |
|                                                 |                                                                                                                    |                                                                       |             |
|                                                 |                                                                                                                    |                                                                       |             |
|                                                 |                                                                                                                    |                                                                       |             |
|                                                 |                                                                                                                    |                                                                       | <del></del> |
| Allmand or                                      | 2/                                                                                                                 | PARISCALE                                                             | 10          |
| THERAPIST / CREDENTIALS                         |                                                                                                                    |                                                                       |             |

| ecount#: 0042000185                | Co - Pay:                           | OR             | Co - Insurance:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |
|------------------------------------|-------------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
|                                    | Injury #:001                        | Dx:            | 88100 Open wound of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | forearm, w/out  |
| ame: <u>Dulberg, Paul</u>          |                                     |                | Financial Class: SELI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | F               |
| ayor Code: 00001                   | Payor Name: Patient Responsibility  |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |
| opointment Detail                  |                                     |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |
| Discipline: OT                     | Tx Time In:                         | U              | nits:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 |
|                                    | Tx Time Out:                        | T              | otal Time Based Time:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 |
| Date: 07 / 23 / 12                 | #Visits Prior To Today: 40          | of <u>40</u> T | otal Treatment Time:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |
| Date: 0/ /25 / 12                  |                                     |                | T Code Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Units           |
| RT Code Description                | Units RT Code Description           |                | 005 Galt Training                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |
| A001 PT Eval                       | F010 Vasopneumatic Device           | <u> </u>       | 008 Traction Mechanical                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <del>  </del>   |
| A002 PT Re Eval                    | G001 Ultrasound B001 Manual Therapy | JL             | 1003 Custom WHFO Static                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <del></del>     |
| A003 OT Eval                       | C001 Theraputic Activities          |                | 1006 Custom WHO State 1005 Custom WHFO Dynai                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | mlc             |
| A004 OT Re Evel                    | C002 Neuromuscular Re-Ed            |                | 1018 Custom HFO Static                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |
| F003 (HR/CP<br>F004 Estim Unattend | C003 Therapeutic Exercise           |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |
| dditional Treatment C              | odes:                               |                | . 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 |
| ~ 1                                | in 10 a monto                       | 11 Allon,      | freent 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | CHARLE !        |
| SOAP: <u>S : Y/A</u>               | mars Claren                         | 7              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |
| As No                              | \Ualt                               | <del>-</del>   | 11. 7 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | A & Am          |
|                                    | STM STM                             | ne edam        | K OMEC Q BOD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 12/ 11 112 1100 |
| O. INNE                            | X 10 min phills do sin              | Pland          | June Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | accepta         |
| Allon O                            | (100m) from (Mall                   | & Minner       | 771111000000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | May             |
| 138-577                            | 1 010 0 7 00                        | tomorpon       | o Pengo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                 |
| includ                             | Tal Ne pro Those of BE              | MINISTER A     | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |
| 0 ,                                | ~ 10                                |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | - 2 l           |
| 1 1000                             |                                     |                | Andety & UE C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Sona            |
|                                    | an un to                            | , Allana       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |
| PC 480 C                           | poll 7 min Ch. 13                   | my Llox        | A A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | . 0             |
| A Japa                             | ell & min Ch. 1                     | my flore       | THE PROPERTY OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |
| A Jel a                            | molad                               | 0 0            | William O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |
| A Tolar                            | notice                              | 0 0            | 0.00000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                 |
| A Johnson                          | notice                              | 0 0            | SUIVACI ()                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 |
| A John of Sant a                   | notice                              | 0 0            | Minary ()                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |
| Pr Jelas<br>Fi Conte               | notice                              | 0 0            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |
| A John a                           | notice                              | 0 0            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |
| A Johnson                          | notice                              | 0 0            | SO WAY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |
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| A Jola and E                       | notice                              | 0 0            | SO IVAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                 |
| A Jola same                        | notice                              | 0 0            | SO IVAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                 |
| A John a stand                     | notice                              | 0 0            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |
| A John a strong                    | notice                              | 0 0            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |
| P. Johnson                         | notice                              | 0 0            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |
| A. JSP as                          | notice                              | 0 0            | (F)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | $\Omega$        |
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| A John a stemmer                   | notice                              | 0 0            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (P)             |
| A John a stand c                   | notice                              | 0 0            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |
| A John a strong of Cont c          | notice                              | 0 0            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |
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| A John a salama conte              | notice                              | 0 0            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |
| A YSP as                           | notice                              | 0 0            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |
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| A John a stand c                   | notice                              | 0 0            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |
| P. John a stamp of: Cont &         | notice                              | 0 0            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |
| A Jala<br>Siland<br>E Cont E       | notice                              | 0 0            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |
| A John a stem of Cant &            | notice                              | 0 0            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |
| A John a stems of Cont &           | notice                              | 0 0            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |
| A John a stemme for Cant &         | notice                              | 0 0            | PAIN SCALE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 |
| P. Yola<br>Steme                   | notice                              | 0 0            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |
| P. Gant &                          | notice                              | 0 0            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |
| THERAPIST CREDENTA                 | Ai oxe/c                            | 0 0            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |
| 5 1/2 n2 n                         | Ai oxe/c                            | 0 0            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |

| Patient Information               |                                                 |                                                                                                                                                            |
|-----------------------------------|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Account #: 0042000185             | Co - Pay:                                       | OR Co - Insurance;                                                                                                                                         |
| Name: Dulberg, Paul               | Injury #: 001                                   | Dx: 88100 Open wound of forearm, w/out                                                                                                                     |
| Payor Code: 00001                 | Payor Name: Patient Responsibility              | Financial Class: SELF                                                                                                                                      |
| Appointment Detail                |                                                 |                                                                                                                                                            |
| Discipline: OT                    | Tx Time In: 2:30                                | Units:                                                                                                                                                     |
|                                   | Tx Time Out: 3:30                               | Total Time Based Time:                                                                                                                                     |
| Date: <u>07 / 19 / 12</u>         | # Visits Prior To Today; 39 of 4                | 40 Total Treatment Time:                                                                                                                                   |
| RT Code Description               | Units RT Code Description                       | Units RT Code Description Units                                                                                                                            |
| A001 PT Eval A002 PT Re Eval      | F010   Vasopneumatic Device   G001   Ultrasound | Cop5   Galf Training                                                                                                                                       |
| A003 OT Eval                      | B001   Manual Therapy                           | / H003 Custom WHFC Static                                                                                                                                  |
| A004 OT Re Eval                   | C001 Theraputic Activities                      | H006 Custom WHO Static                                                                                                                                     |
| F003 HP/CP<br>F004 Estim Unattend | C002 Neuromuscular Re-Ed                        | H008 Custom WH-C Dynamic                                                                                                                                   |
| Additional Treatment Code         |                                                 |                                                                                                                                                            |
| O: Contro                         | te SF/RF motion.                                | No adverse effects to<br>nations. In alboriffs and<br>used abstitute to manipulate and<br>ed edemin noted; but compared<br>noted. Continue Isolated Lendon |
| A Li MA A CA                      | enadrotuur.                                     | PAIN SCALE 10                                                                                                                                              |

| Patient In                              | formation                         |            |             |                        |                                                     |                |      |      |              |                                 |             | was was                               |
|-----------------------------------------|-----------------------------------|------------|-------------|------------------------|-----------------------------------------------------|----------------|------|------|--------------|---------------------------------|-------------|---------------------------------------|
| Account #:                              | 0042000185                        |            | _           | (                      | Co-Pay;                                             |                |      | ŌR   |              | - Insurance:                    |             |                                       |
|                                         | Name; Dulberg, Paul Injury #: 001 |            |             |                        |                                                     |                | **** | Dx:  | 8810         | Open wound                      | of forearm, | w/out                                 |
|                                         | e: 00001                          | Pay        | or Na       |                        | Patient Respons                                     |                |      |      | Fir          | nanciel Class: S                | ELF         | · · · · · · · · · · · · · · · · · · · |
|                                         | ent Detail                        |            |             |                        |                                                     |                |      |      | ·            |                                 |             |                                       |
| Арропип                                 | IBHI Detail                       |            |             |                        | . 3(5)                                              |                |      |      |              | ≥                               |             |                                       |
| Discipline:                             | OT                                |            |             | Tx Time                | a In: <u> </u> 30<br>a Out: <u>Q</u> <sup>V(S</sup> |                |      | ι    | Jnits; 🔔     | <u> </u>                        |             |                                       |
|                                         |                                   |            |             | Tx Time                | ∍ Ont: O                                            |                |      | 7    | otal Time    | Based Time:                     |             | -                                     |
|                                         |                                   |            |             |                        |                                                     |                |      |      |              |                                 |             |                                       |
| Date: <u>07</u>                         | 7 / 16 / 12                       |            |             | # Visits               | Prior To Today                                      | . <u>38</u> of | 69   | 7    | otal Trea    | tment Time:                     |             |                                       |
|                                         | 1                                 | ) i i      | nita        | RT Coc                 | to Donaription                                      |                | Unl  | ta F | RT Codo      | Description                     |             | Units                                 |
| RT Code                                 | Dengription<br>PT Syst            |            | Lines       | F010                   | Vasopneumo                                          | lio Davica     |      |      | 2069<br>000  | Calt Training Traction Mechanic | ní          |                                       |
| A002                                    | PT Ro Gval                        |            | <del></del> | G001                   | Litresound                                          |                |      |      | 1003         | Custom WHFO St                  |             |                                       |
| ADD3                                    | OT EVSI                           |            |             | B001                   | Manual Than                                         |                |      |      | loge.        | Cuntom WHO Stat                 | le          |                                       |
| A004                                    | OT RA EVAL                        |            |             | C002                   | National                                            |                |      |      | 1005         | Guatem WHFO Dy                  |             |                                       |
| F004                                    | Estim Unationa                    |            | I           | G003                   | Thorapoulis                                         | i,xarelAa      | ŀ    |      | 1018         | Custom HFO Stall                |             |                                       |
|                                         | l Treatment Co                    | des:       |             |                        |                                                     |                |      |      |              |                                 |             |                                       |
| SUVD:                                   |                                   |            |             |                        |                                                     |                |      |      |              |                                 |             |                                       |
| GO/11                                   |                                   | (          | $\Im_{n}$   | 1 00                   | ited En                                             | ml f =         | Win) | 24   | ooks.        |                                 |             |                                       |
|                                         | <u> </u>                          |            | مريب للإ.   | <u>, e / e / e</u>     | Challeton                                           | 0              | ,    | C.   |              |                                 |             |                                       |
|                                         |                                   |            |             |                        |                                                     |                |      |      |              |                                 |             | <del></del>                           |
|                                         |                                   |            |             |                        |                                                     |                |      |      |              |                                 |             |                                       |
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|                                         |                                   |            |             | <del></del>            |                                                     |                |      |      |              |                                 |             |                                       |
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| -                                       |                                   |            |             | NORTH CONTRACTOR IN    |                                                     |                |      |      |              |                                 |             |                                       |
|                                         |                                   |            |             |                        |                                                     |                |      |      |              | <del></del>                     |             |                                       |
| *************************************** |                                   |            |             |                        |                                                     | _              |      |      |              |                                 |             |                                       |
| <del></del>                             |                                   |            |             |                        |                                                     |                |      |      |              |                                 |             |                                       |
|                                         |                                   |            |             |                        |                                                     | <del></del>    |      |      |              |                                 |             |                                       |
|                                         |                                   |            |             |                        |                                                     |                |      |      |              |                                 |             | <del></del>                           |
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| 2000                                    |                                   |            |             |                        |                                                     |                |      |      |              | (~Jr)                           | <b>(*</b> ) | )                                     |
| 2000                                    |                                   |            |             |                        |                                                     |                |      |      |              |                                 | ا المير     | <b>≫</b> ~                            |
|                                         |                                   |            |             | -                      |                                                     |                |      |      |              | (1.81)                          | ('\2\)      | 7,}                                   |
| ' <del></del>                           |                                   |            |             |                        |                                                     |                |      |      |              |                                 |             | 1.1                                   |
|                                         |                                   |            |             |                        |                                                     |                |      |      | /            | <b>【人"</b> 】                    | -1200       | $\mathcal{J}(I)$                      |
|                                         |                                   |            |             |                        |                                                     |                |      |      | J.           | (1 × 1)?                        | ///-        | -177                                  |
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| -                                       |                                   |            | CHARACTE T  |                        |                                                     |                |      |      | - ACRESTON   | 11071                           | 10          | 1                                     |
|                                         |                                   |            |             | uncolularity (m/2014). | 4000                                                |                |      |      |              | \ W/                            | //          | <i>]</i>                              |
| -                                       |                                   |            |             |                        |                                                     |                |      |      | energia e l' | ) Y (                           | XX          |                                       |
|                                         |                                   |            |             |                        |                                                     |                |      |      |              | فسأليه                          | Ç,          | ro <sup>‡</sup>                       |
|                                         |                                   | j          |             |                        |                                                     |                |      |      | 1            |                                 | <del></del> |                                       |
|                                         | A11. 1                            | /          |             | 1                      |                                                     |                |      | H-   | (            | DAIN GOALE                      |             | 10                                    |
| J                                       | Millian Al                        | U <i>0</i> | W           | 16                     |                                                     |                |      |      |              |                                 |             |                                       |
| THE                                     | RAPIST / CREDENTIALS              |            |             |                        |                                                     |                |      |      |              |                                 |             |                                       |
| ueß                                     | ENGE NO.                          |            |             |                        |                                                     |                |      |      |              |                                 |             |                                       |

| Patie    | nt In  | nformation             |                                         |            |                                  | • • • • • • • • • • • • • • • • • • • • |          |                 |                                          |                   |
|----------|--------|------------------------|-----------------------------------------|------------|----------------------------------|-----------------------------------------|----------|-----------------|------------------------------------------|-------------------|
| Accou    | ınt #: | 0042000185             |                                         | Ce         | o - Pay:                         |                                         | . 0      | R (             | Co - Insurance:                          |                   |
| Name     | : DL   | ilberg, Paul           |                                         |            | ury #: _001                      |                                         | <br>  D: | gg.             | 100 Open wound of fore                   |                   |
| Payor    | Code   | e: 00001               | Payor                                   |            | itient Responsibility            |                                         |          |                 | Financial Class: SELF                    |                   |
| Appo     | intm   | ent Detail             |                                         |            |                                  |                                         |          |                 |                                          |                   |
| Discip   | oline: | ОТ                     |                                         | Tx Time I  | n: <u> </u>                      |                                         |          | Units:          | 5<br>ne Based Time:                      |                   |
| Date:    | 06     | 3 / 04 / 12            |                                         |            |                                  | 32                                      |          |                 | eatment Time:                            |                   |
| 1        |        | 1                      |                                         |            |                                  |                                         |          |                 |                                          | <del></del>       |
| A001     |        | Description<br>PT Eval | Units                                   | F010       | Description Vasopheumatic Device |                                         | Units    | RT Code<br>C005 | Description Gait Training                | Units             |
| A002     |        | PT Re Eval             |                                         | G001       | Ultrasound                       |                                         | 1        | F008            | Traction Mechanical                      |                   |
| A003     |        | OT Eval                |                                         | B001       | Manual Therapy                   |                                         |          | H003            | Custom WHFO Static                       |                   |
| A004     |        | OT Re Evel             |                                         | C001       | Theraputic Activities            |                                         |          | H006            | Gustom WHO Static                        |                   |
|          | 7.(    | не <i>ј</i> се         |                                         | C002       | Neuromuscular Re-Ed              | 1                                       |          | H005            | Custom WHFO Dynamic                      |                   |
| F004     |        | Estim Unattend         |                                         | C003       | Therapeutic Exercise             | i                                       | <u> </u> | H018            | Custom HFO Static                        |                   |
| Addition | onai   | Treatment Co           | odes:                                   |            |                                  |                                         |          |                 |                                          |                   |
| SOAP     | ,      |                        |                                         |            |                                  |                                         |          |                 |                                          |                   |
| OOA      |        |                        | //                                      | A          | e                                | , ;                                     |          |                 |                                          |                   |
| -        |        |                        | <del>23</del> 2 /\(\(\bar{U}\)          | enizi! (1. | flow school                      | 5                                       |          |                 |                                          | <u> </u>          |
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| -<br>1   | HERAF  | ST/CREDENTIALS         | ~ ~ ~ · · · · · · · · · · · · · · · · · |            |                                  | :                                       |          |                 |                                          |                   |
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| Account #1. 0042000185                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Patient Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |                  |                             |                                        |           |                      |                 |  |
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| Name: Duberg, Paul Injury # . 001 Dx 88100 Open wound of forearm, would Preyor Code:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Account #: 0042000185                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              | Co               | - Pay:                      | _ OF                                   | •         | <del>-</del>         |                 |  |
| Appointment Detail  Discipline: OT TX Time In: 2600 Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: Units: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | inju             | Dx                          | Dx: 88100 Open wound of forearm, w/out |           |                      |                 |  |
| Discipline: OT TX Time in: 3:00 TX Time Out: 4:00 Total Time Based Time:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Payor Code: 00001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Рауог N      | lame: <u>Pal</u> | lient Responsibility        |                                        | F         | Inancial Class: SELF |                 |  |
| Date: 05 / 31 / 12 # Visits Prior to Today: 38 of 32 Total Treatment Time:    ST Code   Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Appointment Detail                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |                  |                             |                                        |           |                      |                 |  |
| Date: 05 / 31 / 12 # Visits Prior To Today: 38 of 32 Total Treatment Time:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Discipline: OT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              | Tx Time I        | 3:00                        |                                        | Units:    | 4                    |                 |  |
| FT Code Description    Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secretary   Secreta |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | Tx Time C        | out: 4:00                   |                                        | Total Tim | ne Based Time:       |                 |  |
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| ADOS PT SEVIL 1000 Vesopressimate Device   COCC   Gall Training   COCC   Gall Training   COCC   Gall Training   COCC   Gall Training   COCC   Gall Training   COCC   Gall Training   COCC   Gall Training   COCC   Gall Training   COCC   Gall Training   COCC   Gall Training   COCC   Gall Training   COCC   Gall Training   COCC   Gall Training   COCC   Gall Training   COCC   Gall Training   COCC   Gall Training   COCC   Gall Training   COCC   Gall Training   COCC   Gall Training   COCC   Gall Training   COCC   Gall Training   Cocc   Gall Training   Cocc   Gall Training   Cocc   Gall Training   Cocc   Gall Training   Cocc   Gall Training   Cocc   Gall Training   Cocc   Gall Training   Cocc   Gall Training   Cocc   Gall Training   Cocc   Gall Training   Cocc   Gall Training   Cocc   Gall Training   Cocc   Gall Training   Cocc   Gall Training   Cocc   Gall Training   Cocc   Gall Training   Cocc   Gall Training   Cocc   Gall Training   Cocc   Gall Training   Cocc   Gall Training   Cocc   Gall Training   Cocc   Gall Training   Cocc   Gall Training   Cocc   Gall Training   Cocc   Gall Training   Cocc   Gall Training   Cocc   Gall Training   Cocc   Gall Training   Cocc   Gall Training   Cocc   Gall Training   Cocc   Gall Training   Cocc   Gall Training   Cocc   Gall Training   Cocc   Gall Training   Cocc   Gall Training   Cocc   Gall Training   Cocc   Gall Training   Cocc   Gall Training   Cocc   Gall Training   Cocc   Gall Training   Cocc   Gall Training   Cocc   Gall Training   Cocc   Gall Training   Cocc   Gall Training   Cocc   Gall Training   Cocc   Gall Training   Cocc   Gall Training   Cocc   Gall Training   Cocc   Gall Training   Cocc   Gall Training   Cocc   Gall Training   Cocc   Gall Training   Cocc   Gall Training   Cocc   Gall Training   Cocc   Gall Training   Cocc   Gall Training   Cocc   Gall Training   Cocc   Gall Training   Cocc   Gall Training   Cocc   Gall Training   Cocc   Gall Training   Cocc   Gall Training   Cocc   Gall Training   Cocc   Gall Training   Cocc   Gall Training   Cocc   Gall Training   Co | In a land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land the land th | Units        | RT Code          | Description                 | Units                                  | RT Code   |                      | Units           |  |
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| Additional Treatment Codes:  SOAP: S? "The medicinal decrement that he believing me."  O: Cont put by the short that the order product the first that he is not fealing better that the party and for the party of the short that he is not fealing better that the party of the short that he is not fealing better that the party of the short that he is not fealing better that the party of the short that he is not fealing better that the party of the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short that the short tha |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                  |                             |                                        |           |                      |                 |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                  |                             |                                        |           | 18-31 /2             | (^ <b>P</b>     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                  |                             |                                        |           |                      | $V_{i}$ $V_{i}$ |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                  |                             |                                        |           | \W/ \                | 31/             |  |
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| THERAPIST / CREDENTIALS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 51/LULVY     |                  | TANA                        |                                        |           |                      |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | THERAPIST / CREDENTIALS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                  |                             |                                        |           |                      |                 |  |

| Patier | nt Information                                                                                                                                                      |                       |                                                                 |                                                   |     |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                            |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------------------------------------------|---------------------------------------------------|-----|----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| Accour | nt #: 0042000185                                                                                                                                                    |                       | Co                                                              | o - Pay:                                          |     | O                                            | ₹                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Co - Insurance:                                                                            |
| Name:  | Dulberg, Paul                                                                                                                                                       |                       | (nj                                                             | ury #:001                                         |     | D                                            | <b>(</b> :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 88100 Open wound of forearm, w/out                                                         |
| Payor  | Code: 00001                                                                                                                                                         | Payor I               | Name: Pa                                                        | tient Responsibility                              |     |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Financial Class: SELF                                                                      |
| Appoi  | ntment Detail                                                                                                                                                       |                       |                                                                 |                                                   |     |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                            |
| Discip | ilne: OT                                                                                                                                                            |                       |                                                                 | n: <u>900</u><br>Dut: <u>1060</u>                 |     |                                              | Unit:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | s: 4                                                                                       |
| Date:  | 05 / 25 / 12                                                                                                                                                        |                       | # Visits P                                                      | rior To Today: 35 of                              | 32  |                                              | Tota                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ıl Treatment Time:                                                                         |
|        | PT Eval PT Re Evel OT Eval OT Re Evel OT Re Evel HP/CP Estim Unattend Onal Treatment Code Onal Treatment One Onal Treatment One One One One One One One One One One | We of extended to the | RT Code   F010   G001   G001   C002   C003   T000   C002   C003 | herricain-<br>Stosfor<br>Cent name<br>per pt tal. | 1.0 | Units  I  I  A  A  A  A  A  A  A  A  A  A  A | RT C COOR HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HOOSE HO | Gait Training Traction Mechanical Custom WHFO Static Custom WHO Static Custom WHFO Dynamic |
|        | THERAPIST / CREDENTIALS                                                                                                                                             |                       |                                                                 |                                                   |     |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                            |

| Accou  |                                        |                                     |                                |                                                                   |               |                                 |                                                      |                           |
|--------|----------------------------------------|-------------------------------------|--------------------------------|-------------------------------------------------------------------|---------------|---------------------------------|------------------------------------------------------|---------------------------|
|        | unt #: _0042000185                     |                                     | Co                             | o - Pay:                                                          | . 0           | R C                             | o - Insurance:                                       |                           |
| Name   | e: Dulberg, Paul                       |                                     | lnj                            | ury #; _001                                                       | _ D:          | x: <u>881</u>                   | 00 Open wound of fore:                               | arm, w/out                |
| Payo   | r Code; <u>00001</u>                   | Payor N                             | lame: Pa                       | tient Responsibility                                              |               | F                               | inancial Class: SELF                                 |                           |
| Арро   | intment Detail                         |                                     |                                |                                                                   |               |                                 |                                                      |                           |
| Disci  | pline: OT                              |                                     | Tx Time I                      | n: /1:30                                                          |               | Units:                          | 4                                                    |                           |
|        |                                        |                                     | Tx Time C                      | out: <u>12:30</u>                                                 |               |                                 | e Based Time:                                        |                           |
| Date   | : 05 / 24 / 12                         |                                     | # Visits Pi                    | for To Today; 34 of                                               | 32            | 2                               | atment Time:                                         |                           |
| RT Co. | de Description                         | Units                               | RT Code                        | Description                                                       | Units         |                                 |                                                      | 10.00                     |
| A001   | PT Eval                                | - 01,113                            | F010                           | Vasopneumatic Device                                              | Units         | RT Code                         | Description Galt Training                            | Units                     |
| A002   | PT Re Eval                             |                                     | G001                           | Ultrasound                                                        | 17            | F008                            | Traction Mechanical                                  |                           |
| A003   | OT Eval                                |                                     | B001                           | Manual Therapy                                                    | 17            | нооз                            | Custom WHFO Static                                   |                           |
| A004   | OT Re Eval                             |                                     | C001                           | Theraputic Activities                                             |               | H006                            | Custom WHO Static                                    |                           |
| F003   | HP/CP                                  | _/                                  | G002                           | Neuromuscular Re-Ed                                               |               | H005                            | Custom WHFO Dynamic                                  |                           |
|        | onal Treatment Codes                   | !                                   | C003                           | Therapsutic Exercise                                              | 1             | H018 ·                          | Custom HFD Static                                    |                           |
|        | O: Cont plans He box No a a A: Tuleral | en Co<br>dest<br>Lienies<br>Lienies | x flor<br>n but<br>he<br>e aff | Sheet. 2 5<br>Juvned har for<br>July for 1411/2<br>- pt-15 senson | amal<br>E/A ( | L ved<br>= No<br>on th<br>US no | blusters note<br>sam of in<br>egall.<br>led. Heat no | din<br>forts.<br>Tapplied |
|        | P. Centin                              | Denga<br>se D                       | lins of                        | le. Montr                                                         | Inur          | 25                              |                                                      |                           |

| Patier  | nt Information       |                  |          |                                              |       |     |             |                      |              |
|---------|----------------------|------------------|----------|----------------------------------------------|-------|-----|-------------|----------------------|--------------|
| Accou   | nt #; 0042000185     |                  | Co       | o-Pay:                                       |       | ÓR  | Co          | o - Insurance:       |              |
| Name:   | Dulberg, Paul        |                  | lnj      | jury #: _001                                 |       | Dx: | 8810        | Open wound of fo     | rearm, w/out |
| Payor   | Code: 00001          | Payor N          | lame: Pa | itient Responsibility                        |       |     | Fi          | inancial Class: SÉLF |              |
| Appoi   | ntment Detail        |                  |          |                                              |       |     |             |                      |              |
| Discip  | line: OT             |                  |          | n: <u>/2:30</u><br>Dut: <u>  1:<b>0</b>0</u> |       |     | Jnits:a     |                      |              |
| Date:   | 05 / 17 / 12         |                  |          | rior To Today: 33 of                         | 32    |     |             | e Based Time:        |              |
| RT God  | le Description       | Units            | RT Code  | Description                                  | Units | 11, | RT Code     | Description          | Units        |
| A001    | PT Eval              | , (1)(1)         | F010     | Vasopneumatic Device                         | Onits |     | 005         | Galt Training        | - Crists     |
| A002    | PT Re Evai           |                  | G001     | Ultrasound                                   |       |     | 908         | Traction Mechanical  |              |
| A003    | OT Eval              |                  | B001     | Manual Therapy                               |       |     | 1003        | Custom WHFO Static   |              |
| F003    | нв/се                |                  | C002     | Theraputic Activities Neuromuscular Re-Ed    |       |     | 1006        | Custom WHO Static    |              |
| F*004   | Estim Unattend       |                  | C003     | Therapeutic Exercise                         |       |     | 1018        | Custom HFO Static    |              |
| Additio | onal Treatment Cod   | les:             |          |                                              |       |     |             |                      | -            |
| -       | A: Tielle<br>Pe Cont | enased<br>Vaus e | er fæ    | in Count po                                  |       |     | <u>Lah</u>  | res noted            |              |
|         |                      |                  |          |                                              |       |     | _<br>_<br>_ |                      |              |

| Patient Information            |                                                         |                                                    |
|--------------------------------|---------------------------------------------------------|----------------------------------------------------|
| Account #; _0042000185         | Co - Pay:                                               | OR Co - Insurance:                                 |
| Name: Dulberg, Paul            | Injury #: _001                                          | Dx: 88100 Open wound of forearm, w/out             |
| Payor Code: 00001 Pay          | or Name: Patient Responsibility                         | Financial Class: SELF                              |
| Appointment Detail             |                                                         |                                                    |
| Discipline: _OT                | Tx Time in: /// CO                                      | Units:                                             |
|                                | Tx Time Out: _/ 2' 45                                   | Total Time Based Time:                             |
| Date: 05 / 15 / 12             | # Visits Prior To Today: 32 of 32                       |                                                    |
|                                |                                                         |                                                    |
| RT Code Description Ut         | nits RT Code Description U F010 Vasopneumatic Device    | Julis RT Code Description Units C005 Gait Training |
| A002 PT Re Eval                | G001 Ultrasound                                         | F008 Traction Mechanical                           |
| A003 OT Eval<br>A004 Q获Re Eval | B001   Manual Therapy<br>  C001   Theraputic Activities | H003 Custom WHFO Static H006 Custom WHO Static     |
| F003 (HP/OP                    | C002 Neuromuscular Re-Ed                                | H005 Custom WHFO Dynamic                           |
| F004 Estim Unattend            | C003 Therapeutic Exercise                               | H018 Custom HFO Statto                             |
| Additional Treatment Codes:    | •                                                       |                                                    |
| SOAP: S. W. Mux nu             | in is Aill was when                                     | thistowit."                                        |
| O. Nant Des C                  | Mon Shoot No chi                                        | mae Hects to Uttporus                              |
| n A-o i                        | Torres el RV on medali                                  | lai Vida Calair                                    |
| - nordeg-                      |                                                         | Ales STERMAN and                                   |
| - STIAN                        | france Helitz                                           | Cent losadissess =                                 |
| dasten eta                     | eres - 18. Cooking,                                     | Cocamies Whine.                                    |
| A. Carthe                      | released Original Constitution                          | 0), 3                                              |
|                                | ahnen/ pain reported                                    |                                                    |
| f. Continue                    | to uponable Ram, Strav                                  | nan                                                |
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| 1                              | a                                                       | <u> </u>                                           |
| - INVY-MA                      | nashotus-                                               | O PAIN SOALE 10                                    |
| THERAPIST / CREDENTIALS        | W W GILA                                                |                                                    |
| LICENSE NO                     |                                                         |                                                    |

| Patient I    | nformation                                           |             |              |                                          |           |              |                                          |            |
|--------------|------------------------------------------------------|-------------|--------------|------------------------------------------|-----------|--------------|------------------------------------------|------------|
| Account #    | ± 0042000185                                         |             | Co           | - Pay:                                   | OF        | ٦ , ٥        | Co - Insurance:                          |            |
| Name: D      | Oulberg, Paul                                        | <del></del> | lnju         | ury #: _001                              | Dx        | .: 881       | 00 Open wound of fore                    | arm, w/out |
| Payor Co     | Payor Code: 00001 Payor Name: Patient Responsibility |             |              |                                          | . <u></u> |              | Financial Class: SELF                    |            |
| Appointn     | nent Detail                                          |             |              |                                          |           |              |                                          |            |
| Discipline   | e: OT                                                |             |              | n: <u>21,30</u><br>nut: <u>31,30</u>     |           | Units:       | •                                        |            |
| Date: 0      | 05 / 10 / 12                                         |             |              | ior To Today: 31 c                       | of _32    | •            | ne Based Time:atment Time;               |            |
| RT Coda      | Description                                          | Units       | RT Code      | Description                              | Units     | RT Code      | Description                              | Units      |
| A001         | PT Eval                                              |             | F010         | Vasopneumatic Device                     |           | C005         | Galt Training                            |            |
| A002<br>A003 | PT Re Eval                                           |             | G001<br>B001 | Uitresound<br>Manual Therapy             |           | F008<br>H003 | Traction Mechanical Custom WHFO Static   |            |
| A004         | QT.Re Eval                                           |             | C001         | Theraputic Activities                    |           | H006         | Custom WHO Static                        |            |
| F003         | (AB)CP<br>Estim Unattend                             |             | C002         | Neuromuscular Re-Ed Therapeutic Exercise |           | H005         | Custom WHFO Dynamic<br>Custom HFO Static |            |
|              | al Treatment Code                                    | e.          | 110000       | The Rheatt Exercise                      |           | 111010       | Date in the Court                        |            |
| SOAP:        | 5. 11 Mus ho                                         | <del></del> | 5/2016       | Ile Vines Ver                            | nz weath  | dra e        | Lite line to a la                        | en I use o |
|              | 1 Solate<br>Vrance<br>A: tolea<br>P: Cant            | AFD<br>Le p | S an         | e 74                                     | pain;     | aline to     | s Unade (                                | 2. Marc    |
|              |                                                      |             |              |                                          |           |              |                                          |            |

| Patier                               | nt Information                                                         |                                |                                                         |                                                                                                                          |         |                                                 |                                                                                                                          |              |
|--------------------------------------|------------------------------------------------------------------------|--------------------------------|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|---------|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------|
| Accou                                | nt #: 0042000185                                                       |                                | С                                                       | o - Pay:                                                                                                                 | c       | R C                                             | Co - Insurance:                                                                                                          | ·            |
| Name:                                | : Dulberg, Paul                                                        | ·····                          | In                                                      | jury #:001                                                                                                               | D       | x: <u>88</u>                                    | 100 Open wound of fores                                                                                                  | arm, w/out   |
| Payor                                | Code: 00001                                                            | Payor I                        | Name: Pr                                                | atient Responsibility                                                                                                    |         |                                                 | Financial Class: SELF                                                                                                    | <del> </del> |
| Appoi                                | ntment Detail                                                          |                                |                                                         |                                                                                                                          |         |                                                 |                                                                                                                          |              |
| Discip                               | oline: OT                                                              |                                |                                                         | In: 930                                                                                                                  |         | Units:                                          | 5                                                                                                                        |              |
| Date:                                | 05 / 07 /12                                                            |                                | Tx Time                                                 | <del></del>                                                                                                              | 51      |                                                 | ne Based Time:                                                                                                           |              |
| Dute.                                |                                                                        |                                | # VISIIS F                                              | rior to today; _50 _ bi                                                                                                  | 31.     | lotal lie                                       | atment Time:                                                                                                             |              |
| A001<br>A002<br>A003<br>A004<br>F003 | Description PT Eval PT Re Eval OT Eval OT Re Eval HP/CP Estim Unattend | Units                          | RT Code<br>F010<br>G001<br>B001<br>C001<br>C002<br>C003 | Description Vasopneumatic Device Ultrasound Manual Therapy Theraputc Activities Neuromuscular Re-Ed Therapeutic Exercise | Units   | RT Code<br>C005<br>F008<br>H003<br>H006<br>H005 | Description Gait Training Traction Mechanical Custom WHFO Static Custom WHO Statin Custom WHFO Synamic Custom HFO Static | Units        |
|                                      | onal Treatment Cod                                                     | es:                            | Licons                                                  | () nerapeutic Exercise                                                                                                   |         | I HOTE                                          | Custom APO State                                                                                                         |              |
|                                      | China to                                                               | senta<br>toda<br>toda<br>Vigna | Jan L                                                   | Lesaghurre                                                                                                               | Land in | WE                                              | Reprobage                                                                                                                | otx Eate()   |
|                                      | HERAPIST / CREDENTIALS                                                 | Mmp                            | droi:                                                   |                                                                                                                          |         |                                                 | MAIN SCALE                                                                                                               |              |

| Patient                                         | Information                                                                            |             |                                                                     |                                                                                                                           |             |                                                                     |                                                                                                                                 |
|-------------------------------------------------|----------------------------------------------------------------------------------------|-------------|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| Account                                         | #: 0042000185                                                                          |             | Co                                                                  | o - Pay:                                                                                                                  | (           | DR '                                                                | Co - Insurance:                                                                                                                 |
| Name: _1                                        | Dulberg, Paul                                                                          |             | ln                                                                  | jury #: _001                                                                                                              | [           | 0x: <u>88</u>                                                       | 100 Open wound of forearm, w/out                                                                                                |
| Payor Code: 00001 Payor Name: F                 |                                                                                        | ame: Pa     | atient Responsibility                                               |                                                                                                                           | <del></del> | Financial Class: SELF                                               |                                                                                                                                 |
| Appoint                                         | ment Detail                                                                            |             |                                                                     |                                                                                                                           |             |                                                                     |                                                                                                                                 |
| Disciplin                                       | e; OT                                                                                  |             | Tx Time I                                                           | In: 10%<br>Out: 130                                                                                                       |             |                                                                     | me Based Time:                                                                                                                  |
| Date: _                                         | 05 / 04 / 12                                                                           |             | # Visits F                                                          | rior To Today: 29 of                                                                                                      | _51         | Total Tr                                                            | eatment Time:                                                                                                                   |
| RT Code<br>A001<br>A002<br>A003<br>A004<br>F003 | Description PT Eval PT Re Eval OT Re Eval OT Re Eval HP/CP Estim Unattend Teatment Cod | Units<br>NC | RT Code<br>  F010<br>  G001<br>  B001<br>  C001<br>  C002<br>  C003 | Description Vasopneumatic Device Ultrasound Manual Therapy Theraputic Activities Neuromuscular Re-Ed Therapeutic Exercise | Units       | RT Code<br>  C005<br>  F008<br>  H003<br>  H006<br>  H005<br>  H018 | Description Units Galt Training Traction Mechanical Custom WHFO Static Custom WHFO Static Custom WHFO Dynamic Custom HFO Static |
| TH8                                             | ERAPIST/OREDENTIALS                                                                    |             |                                                                     | W. 1                                                                                                                      |             |                                                                     | PAIH SCALE 10                                                                                                                   |

| Patier       | nt Information     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                        |                              |                         |
|--------------|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------------|-------------------------|
| Accour       | nt #; _0042000185  | Co - Pay:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | OR                                     | Co - Insurance:              |                         |
| Name:        | Dulberg, Paul      | Injury #: _001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Dx:                                    | 88100 Open wound of forearm. | , w/out                 |
| Payor        | Code: 00001        | Payor Name: Patient Responsibility                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ·                                      | Financial Class: SELF        |                         |
| Appoir       | ntment Detail      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                        |                              |                         |
| Discipl      | line: OT           | Tx Time In: 12:00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Uni                                    | ts:                          |                         |
|              |                    | Tx Time Out: / . VO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Tot                                    | al Time Based Time:          | _                       |
| Date:        | 05 / 02 / 12       | # Visits Prior To Today: 28 of 24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Tota                                   | ai Treatment Time:           |                         |
| RT Code      |                    | Units RT Code Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Units RT                               | Code Description             | Units                   |
| A001<br>A002 | PT Eval PT Re Eval |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | C00                                    |                              |                         |
| A003         | OT Eval            | B001 Manual Therapy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                        |                              | <del> </del>            |
| A004<br>F003 | OT Re Eval         | C001 Theraputic Activities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | HOO                                    | 6 Custom WHO Static          |                         |
| F004         | Estim Unattend     | C002 Neuromuscular Re-Ed C003 Therapeutic Exercise                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | H00                                    |                              |                         |
| Additio      | nal Treatment Code |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                        | o Justicii III o Guallo      |                         |
|              | P. Contin          | appears to be improvided to be set of larger to the improvided to the improvided to the contract the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract | M, S<br>Sher<br>but<br>otv-<br>per ton | Cerana Re-cu                 | elhae<br>Pex 8<br>Entre |
|              |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | *                                      |                              |                         |

| Patient Information                   |             |                                 |                                                  |         |                                        |             |
|---------------------------------------|-------------|---------------------------------|--------------------------------------------------|---------|----------------------------------------|-------------|
| Account #: 0042000185                 |             | Co - Pay;                       |                                                  | OR      | Co - Insurance:                        |             |
| Name: Dulberg, Paul                   |             | Injury #: _001                  |                                                  | Dx:     | 38100 Open wound of forea              | rm, w/out   |
| Payor Code: 00001                     | Payor Name: | Patient Responsibility          | ····                                             |         | Financial Class: SELF                  |             |
| Appointment Detail                    |             |                                 | 78 <u>- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - </u> |         |                                        |             |
| Discipline: OT                        | ·Tx Ti      | me In: <u>9:00</u>              |                                                  | Units:  | <u> </u>                               | <del></del> |
|                                       | Tx Ti       | me Out: <u>/0:00</u>            |                                                  | Total 1 | Fime Based Time:                       |             |
| Date: 04 / 27 / 12                    | # Vis       | its Prior To Today: <u>27</u> o | 24                                               | Total 7 | reatment Time:                         | _           |
| RT Code Description                   | Unita RTC   | ode Description                 | Unite                                            | RT Cod  | e Description                          | Units       |
| A001 PT Eval A002 PT Re Eval          | F010        |                                 |                                                  | C005    | Galt Training                          | Critis      |
| A003 OT Evai                          | B001        | Ultrasound Manual Therapy       | <del></del>                                      | F008    | Traction Mechanical Custom WHFO Static |             |
| A004 OT Re Eval                       | C001        | Theraputic Activities           |                                                  | H006    | Custom WHO Static                      |             |
| F004 Estim Unattend                   | C002        |                                 |                                                  | H005    | Custom WHFO Dynamic                    |             |
|                                       |             | Therapeutic Exercise            |                                                  | H018    | Custom HFO Static                      |             |
| Additional Treatment Codes            | 3:          |                                 |                                                  |         |                                        |             |
| Control  Find  A: Tolinab  P: Continu | e to upg    | ade per et tolo                 | rome.                                            | ·       | ts to utillor aumed Bte                |             |
| THERAPIST / CREDENTIALS LIGENSE NO.   | na Mar      | MAT                             |                                                  |         | PAIN SCALE                             | + 10        |

| Patient In                               | formation                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                               |                                              |                                          |                                                                                                      |
|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|----------------------------------------------|------------------------------------------|------------------------------------------------------------------------------------------------------|
| Account #: 0042000185 Co - Pay:          |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Co - Pay:                                                                                                     | (                                            | OR .                                     | Co - Insurance:                                                                                      |
| Name: Dulberg, Paul Injury #:            |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Injury #: _001                                                                                                |                                              | Ox:                                      | 88100 Open wound of forearm, w/out                                                                   |
| Payor Code                               | e: 00001                                                                                                                                                                                                                                                                                            | Payor Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Patient Responsibility                                                                                        | ······································       |                                          | Financial Class: SELF                                                                                |
| Appointm                                 | ent Detail                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                               |                                              |                                          |                                                                                                      |
| Discipline:                              | OT                                                                                                                                                                                                                                                                                                  | Tx Tir                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ne In: <u>25</u><br>ne Out: <u>3</u> 30                                                                       |                                              |                                          | ts:                                                                                                  |
| Date: 04                                 | / 26 / 12                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ts Prior To Today: _26 of                                                                                     | 24                                           |                                          | al Time Based Time:                                                                                  |
| A001<br>A002<br>A003<br>A004<br>F003 f ( | Description PT Eval PT Re Eval OT Evel OT Re Eval OT Re Eval OT Re Eval OT Re Eval OT Re Eval OT Re Eval OT Re Eval OT Re Eval OT Re Eval OT Re Eval OT Re Eval OT Re Eval OT Re Eval OT Re Eval OT Re Eval OT Re Eval OT Re Eval OT Re Eval OT Re Eval OT Re Eval OT Re Eval OT Re Eval OT Re Eval | Units RT Co. F010 G001 G001 G001 G002 G002 G003 ES: Unit may a Fond Circ Fond by Punind Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Stranger Fond Strange | Vasopneumatic Device Ultrasound Manual Therapy Theraputic Activities Nauromuscular Re-Ed Therapeutic Exercise | Units  V  A  A  A  A  A  A  A  A  A  A  A  A | 1 RT C C C C C C C C C C C C C C C C C C | 5 Galt Training 8 Traction Mechanical 3 Custom WHFO Static 6 Custom WHO Static 6 Custom WHFO Dynamic |
| THERAF                                   | 10200ki                                                                                                                                                                                                                                                                                             | DP/L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                               | 1                                            | 0                                        | PAIN SCALE 10                                                                                        |

| Patient Information                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |
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| Account #: 0042000185                                                                                                                    | Co - Pay:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | OR Co - insurance:                     |
| Name: Dulberg, Paul                                                                                                                      | Injury #: _001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Dx: 88100 Open wound of forearm, w/out |
| Payor Code: 00001                                                                                                                        | Payor Name: Patient Responsibility                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Fìnancial Class: SELF                  |
| Appointment Detail                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |
| Discipline: OT                                                                                                                           | Tx Time in: <u>() ろい</u><br>Tx Time Out: () () () () () () () ()                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Units:                                 |
| Date: <u>04 / 18 / 12</u>                                                                                                                | # Visits Prior To Today: 25 of 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                        |
| RT Code Description A001 PT Eval A002 PT Re Eval A003 OT Eval A004 CT Re Eval F003 (BF/CP) F004 Estim Unattend Additional Treatment Code | Units RT Code Description  [F010 Vasopneumatic Device G0001 Ultrasound B001 Manual Therapy C001 Theraputic Activities C002 Neuromuscular Re-Ed G003 Therapeutic Exercise                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Units                                  |
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Hand Surgery Associates, S.C.

Hand • Shoulder • Elbow • Wrist

TEL: 847-956-0099 FAX: 847-956-0433

515 W. Algonquin Rd., Arlington Heights, IL 60005

ALSIP, BOLINGBROOK, CHICAGO, COUNTRYSIDE, ELMHURST, GLENVIEW, OAK LAWN, VERNON HILLS

| PATIENT NAME: Paul                                                                                                                                           | Buluq                                                                                                                                                                                                      |                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| DOI: DOS:                                                                                                                                                    |                                                                                                                                                                                                            | ATED ORDERS HEAN BE RESCHEDULED (7/16)   |
| THERAPY: ORDER FOR                                                                                                                                           | 1-2 VISITS TIMES WEEK                                                                                                                                                                                      | K WEEKS FREQUENCY                        |
| SITE OF THERAPY ORDERED: SHOULDER                                                                                                                            | UPPER ARM ELBOW WRIST                                                                                                                                                                                      |                                          |
| ACUTE HAND THERAPY  EVALUATE  TREATMENT  AROM PROM/STRETCHING STRENGTHENING BTE EDEMA CONTROL SCAR MGMT/MOBILIZATION PESENSITIZATION HOME PROGRAM PREVENTION | MODALITIES ULTRASOUND/PHONOPHORESISELECTRICAL STIMFLUIDOTHERAPYPARAFFINIONTOPHORESISDEXAMETHATION  COLD/HOT PACKSBIOFEEDBACK  SPLINTING:STATICDYNAMICSERIAL STATICHAND BASED THUMB CMCSPLINTS ALTERNATIVES | SPECIAL THERAPY INSTRUCTIONS             |
| WOUND CARE WHIRLPOOL                                                                                                                                         | TO:                                                                                                                                                                                                        |                                          |
| FREQUENCY                                                                                                                                                    |                                                                                                                                                                                                            | WORK READINESS  DATE: 7/11/12            |
| MICHAEL I. VENDER, M.D. SCO                                                                                                                                  | OTT D. SAGERMAN, M.D. PRASANT ATLURI, M.D. SAM<br>SIGNATURE OF M.D. CONSTITUTES MEDICAL NECE                                                                                                               | J. BIAFORA, M.D. MICHAEL V. BIRMAN, M.D. |

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| PATIENT NAME: PAMP DO                                                                                                                                                | ulting                                                                                                                                                                                                                       | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| DOI:DOS:                                                                                                                                                             | [ ] MUST BE SEEN TODAY [ UPDATED OR                                                                                                                                                                                          | DERS [] CAN BE RESCHEDULED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| DIAGNOSIS:                                                                                                                                                           |                                                                                                                                                                                                                              | CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                                                                                                                                      | 1-2 VISITS                                                                                                                                                                                                                   | WEEKS FREQUENCY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| SITE OF THERAPY ORDERED: SHOULDER                                                                                                                                    | UPPER ARM ELBOW WRIST H                                                                                                                                                                                                      | HAND PLEASE INDICATE RORL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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| WOUND CARE WHIRLPOOL                                                                                                                                                 | TO:                                                                                                                                                                                                                          | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| MICHAEL I. VENDER, M.D. SCOTT (                                                                                                                                      | D. SAGERMAN, M.D. PRASANT ATLURI, M.D. SAM J. BIAFO                                                                                                                                                                          | RA. M.D. MICHAEL V. BIRMAN, M.D.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

SIGNATURE OF M.D. CONSTITUTES MEDICAL NECESSITY

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515 W. Algonquin Rd., Arlington Heights, IL 60005 ALSIP, BOLINGBROOK, CHICAGO, COUNTRYSIDE, ELMHURST, GLENVIEW, OAK LAWN, VERNON HILLS PATIENT NAME: DOI: [ MUST BE SEEN TODAY [ ] UPDATED ORDERS [ CAN BE RESCHEDULED 1h DIAGNO SIS: CODE THERAP Y: ORDER FOR 1-2 VISITS TIMES/WEEK SITE OF THERAPY ORDERED: SHOULDER UPPER ARM ELBOW \_ WRIST PLEASE INDICATÉ R DR L ACUTE HAND THERAPY PRN MODALITIES SPLINTING INSTRUCTIONS **E** VALUATE ULTRASOUND/PHONOPHORESIS TEREATMENT ELECTRICAL STIM AROM **FLUIDOTHERAPY** PROM/STRETCHING PARAFFIN STRENGTHENING JONTOPHORESIS \_ \_ DEXAMETHASONE BTE COLD/HOT PACKS EDEMA CONTROL **BIOFEEDBACK** SCAR MGMT/MOBILIZATION DESENSITIZATION SPLINTING: \_\_STATIC \_\_DYNAMIC SPECIAL THERAPY INSTRUCTIONS HOME PROGRAM \_\_ SERIAL STATIC **PREVENTION** HAND BASED THUMB CMC SPLINTS ALTERNATIVES WOUNT D CARE 70: WHIRLPOOL FREQUE NCY **WORK READINESS** DRESSING CHANGES

MICHAEL I. VENDER, M.D. SCOTT D. SAGERMAN, M.D. PRASANT ATLURI, M.D. SAM J. BIAFORA, M.D. MICHAEL V. BIRMAN, M.D. SIGNATURE OF M.D. CONSTITUTES MEDICAL NECESSITY

TYPE \_\_\_\_\_ FREQ \_\_\_\_ SIGNATURE:



# IN THE CIRCUIT COURT FOR THE TWENTY-SECOND JUDICIAL CIRCUIT McHENRY COUNTY, ILLINOIS

| PAUL DULBERG,                                                                                                                      | )                |     |           | •        |                |
|------------------------------------------------------------------------------------------------------------------------------------|------------------|-----|-----------|----------|----------------|
| Plaintiff,                                                                                                                         | )<br>)           |     |           |          | JUL            |
| vs.                                                                                                                                | )<br>) N         | lo. | 12 LA 178 | <b>M</b> | KATHI<br>KHENI |
| DAVID GAGNON, Individually, and as Agent of CAROLINE McGUIRE and BILL McGUIRE and CAROLINE McGUIRE and BILL McGUIRE, Individually, | )<br>)<br>)<br>) |     |           |          |                |
| Defendants.                                                                                                                        | )<br>)           |     |           | •        |                |

#### PROOF OF SERVICE

The undersigned, being first duly sworn on oath, deposes and states that on the day of July, 2012, the following described documents were served by mailing true and correct copies thereof in an envelope, addressed as is shown below, that said envelope was sealed, that sufficient U.S. postage for first-class mail was placed thereon, and the same was deposited in the U.S. Mail in McHenry, Illinois, at or about the hour of 5:00 p.m.

DOCUMENT DESCRIPTION:

PLAINTIFF'S ANSWERS TO DEFENDANTS' INTERROGATORIES AND PRODUCTION REQUESTS

ADDRESSED TO:

Ronald A. Barch

Cicero, France, Barch & Alexander, PC

6323 E. Riverside Blvd.

Rockford, IL 61114

HANS A. MAST, Attorney for Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH

3416 West Elm Street McHenry, IL 60050 815-344-3797 Attorney No. 6203684

S;\Main\DULBERG, PAUL\Discovery\Proof of Svc 7-24-12.wpd

### IN THE CIRCUIT COURT FOR THE TWENTY-SECOND JUDICIAL CIRCUIT McHENRY COUNTY, ILLINOIS

| PAUL DULBERG,                                                                                                                      | )           |     |           |
|------------------------------------------------------------------------------------------------------------------------------------|-------------|-----|-----------|
| Plaintiff,                                                                                                                         | )<br>)      |     |           |
| vs.                                                                                                                                | )<br>)      | No. | 12 LA 178 |
| DAVID GAGNON, Individually, and as Agent of CAROLINE McGUIRE and BILL McGUIRE and CAROLINE McGUIRE and BILL McGUIRE, Individually, | )<br>)<br>) |     |           |
| Defendants.                                                                                                                        | )<br>)      |     |           |

### PLAINTIFF'S ANSWERS TO INTERROGATORIES

1. State the full name, present residence address, birthdate, birthplace and Social Security number of the person answering these Interrogatories; and state PAUL DULBERG's full name, present residence address, birthdate, birthplace and Social Security number.

ANSWER:

Paul Dulberg

4606 Hayden Ct.

McHenry

DOB: 3-19-70

SS: 323-76-4001

Born: Elk Grove Village

2. State your marital status on the date of the occurrence in question and, if married, your spouse's name and age on said date.

ANSWER: Single

- 3. State the full name and present or last known address (indicating which) of each person who: (a)
  - Witnessed or claims to have witnessed the occurrence in question. (b)
  - Was present or claims to have been present at the scene immediately before said occurrence. (c)
  - Was present or claims to have been present immediately after said occurrence.
  - Otherwise has or claims to have any knowledge of the facts or possible causes of the (d) occurrence to include any damages or injuries alleged to have resulted from said occurrence.

ANSWER: Plaintiff and Defendant Gagnon. McGuires were on the premises.

State specifically and with certainty the personal injuries and propeity damage, if any, 4. sustained to PAUL DULBERG as a result of said occurrence.

ANSWER: Objection, requires medical narrative. Without waiving, Plaintiff suffered deep laceration of right arm with nerve involvement. Investigation continues.

5. With regard to said injuries, state:

The name and address of each treating and/or consulting practitioner. (a)

The name and address of each hospital or clinic where PAUL DULBERG was treated (b) and the date or inclusive dates on which each hospital or clinic rendered PAUL DULBERG service.

The amount to date of their respective bills for services. (c)

Those from whom you have written reports. (Pursuant to Supreme Court Rule 214, (d) please attach a legible copy of said report to the answers hereto.)

ANSWER: See attached Medical Expense Report. Additional bills and records to be obtained from Drs. Marcus Talerico (Mid America Hand to Shoulder) and Karen Levin/Mitchell Grobman (Associated Neurology), Biofora/Sagerman (Hand Surgery Associates) and Fox Lake Dynamic Hand Therapy.

As a result of said personal injuries to PAUL DULBERG, are you claiming any loss of income including, but not limited to, wages or salaries? If so, state:

The name and address of your employer at the time of the occurrence. (a)

The dates or inclusive dates on which you were unable to work and the amount of (b) income loss claimed.

ANSWER: AMS Screw Products, High View, Spring Grove, Illinois.

Was hired but could not pursue employment due to accident.

Investigation continues.

7. State the name and address of each witness or defendant from whom you have obtained statements, indicating whether such statements are written or oral, who has possession of such statements, and pursuant to Supreme Court Rule 214, attach legible copies of any written statements hereto.

ANSWER: Gagnon gave a statement to Plaintiff's counsel and it will be transcribed and produced.

8. State the name and address of PAUL DULBERG's family practice physician.

ANSWER: Dr. Sek, 4601 W. Rt. 120, McHenry

9. State whether PAUL DULBERG was hospitalized or had suffered any illness or personal injury prior to or subsequent to the date of said occurrence, and if so, state the nature and date of each such hospitalization, illness or personal injury.

ANSWER: Prior: Last 20 years. Involved in auto accident in 2002, I suffered neck injury and left arm. Treated with Northern Illinois Medical Center and left arm surgery with Dr. Sagerman and Grobman (Libertyville).

Since: no

10. State whether PAUL DULBERG suffered any permanent scarring as a result of the accident alleged in the complaint. If so, state the location of such scar, the width and length of such scar or scars. (Pursuant to Supreme Court Rule 214, please attach any photos of any such scar to your answers hereto.)

ANSWER: Yes. On right arm. Investigation continues.

11. State whether prior to the accident alleged in the complaint PAUL DULBERG suffered any physical disability or impairment of any kind whatsoever. If so, state the nature of such physical disability or impairment and how PAUL DULBERG came to have such physical disability or impairment.

ANSWER: Yes, as it concerns my above auto accident. The degree of any disability is to be determined by my physician.

12. State the location of the alleged occurrence, pinpointing such location in feet, inches and direction from fixed objects or boundaries at the scene of the occurrence.

ANSWER: Behind the garage of the Defendant's home - as alleged.

13. State with particularity the nature of the alleged defect, object substance or condition which caused the alleged occurrence giving the exact dimensions and physical description of such including the size, shape, color, height, length and depth of such defect or object.

ANSWER: Objection, irrelevant - improperly worded. Defect is Gagnon's conduct. See Complaint.

14. State with particularity what PAUL DULBERG was doing at the time of the accident alleged in the complaint.

ANSWER: Holding a branch at the request of Mr. Gagnon.

15. State with particularity your basis for alleging that on or about June 28, 2011, David Gagnon living and/or staying at the premises known commonly as 1016 W. Elder Avenue, City of McHenry, County of McHenry, Illinois.

ANSWER: He was at his mother's residence.

16. State with particularity all the reasons why PAUL DULBERG was present on the premises known commonly as 1016 W. Elder Avenue, City of McHenry, County of McHenry, Illinois on the date of the alleged occurrence.

ANSWER: Dave invited me.

17. State with particularity your basis for alleging that David Gagnon was contracted and/or hired by Defendants Bill McGuire and Carolyn McGuire to cut down, trim and/or maintain the trees and brush at their premises. as further alleged in Plaintiffs Complaint.

ANSWER: Dave told me.

18. State with particularity your basis for alleging that David Gagnon was working under the supervision and control of Defendants Bill McGuire and Carolyn McGuire at the time of the occurrence alleged in Plaintiffs Complaint.

ANSWER: He was working at their property under their control.

19. State with particularity your basis for alleging that Defendants Bill McGuire and Carolyn McGuire instructed and/or advised David Gagnon in the use of a chain saw on or before the date of the occurrence alleged in Plaintiffs Complaint.

ANSWER: It was the McGuires chain saw.

State with particularity any and all defects associated with the chain saw you believe or claim was involved in the occurrence alleged in Plaintiffs Complaint.

ANSWER: Unknown

21. State whether you have any information indicating or otherwise suggesting that Defendants Bill McGuire and/or Carolyn McGuire knew or should have known that PAUL DULBERG was about to assist or was assisting David Gagnon with tree cutting and/or trimming on the date and in the location of the occurrence alleged in Plaintiff's Complaint. If your answer is in the affirmative, further state with particularity the bases for your contention that Defendants Bill McGuire and/or Carolyn McGuire knew or should have known that PAUL DULBERG was about to assist and/or was assisting David Gagnon with tree cutting and/or trimming on the date and in the location of the occurrence alleged in Plaintiff's Complaint.

ANSWER: The McGuires saw me with Mr. Gagnon.

22. State whether any photographs or videos were taken of the scene of the occurrence or of the persons, objects or premises involved, and if so, state the number of photographs or videos taken, their subject matter and who now has custody of them.

ANSWER: Not on the date in question, but I will be produced photos of my injury.

- 23. Pursuant to Supreme Court Rule 213(f), furnish the identity and addresses of witnesses who will testify at trial and the following information:
  - (a) For each lay witness, identify the subjects on which the witness will testify.
  - (b) For each independent expert witness, identify the subjects on which the witness will testify and the opinions the party expects to elicit.
  - (c) For each controlled expert witness, identify:
    - (i) the subject matter on which the witness will testify;
    - (ii) the conclusions and opinions of the witness and the bases therefor;
    - (iii) the qualifications of the witness; and
    - (iv) any reports prepared by the witness about the case.

#### ANSWER: PLAINTIFF'S RESPONSE TO 213 INTERROGATORIES

Plaintiff will testify to all matters concerning the circumstances of the accident and injury including, but not limited to, all matters set forth in any discovery responses, affidavit, statements and/or deposition testimony, and to those matters and opinions naturally flowing from their personal knowledge and involvement in this matter, and will testify to matters including, but not limited to the following: date, time and location of accident, observations at the accident scene, weather, defendant's negligence in X; continuing medical care to date; medical expense as set forth in updated Medical Expense Reports; payment of bills; lack of prior related symptoms, treatment; need for past and future treatment including, if applicable; pain and suffering and disability; lost time at work, including rate of pay, time lost, income and benefits lost; ongoing treatment during pending case including recent exam by treating physician(s); all other foundational requirements for admitting photos and medical bills into evidence.

Barabara Dulhberg, s/a/a to testify to the pain and disability experienced by the Plaintiff due to injuries suffered in the accident and the lack of prior symptoms or disability, inability to work, hours and wage history and loss of income from work as a result.

Defendants, each of them, will be called as an adverse witness pursuant to Section 2-1102 of the Illinois Code of Civil Procedure, to testify to matters involving the accident.

All witnesses identified by Defendant and/or deposed, on matters so identified or testified to.

Court Reporters present during evidence and/or discovery depositions of those parties and witnesses now or in the future deposed in this or any similar cause to testify to the accuracy of the transcripts and testimony stated therein by each witness including exhibits marked and testified to during the deposition.

All other independent witnesses disclosed by answer to previous interrogatory will testify to those matters and opinions naturally flowing from their personal knowledge and involvement in this matter and those matters specifically disclosed and or to be disclosed in the future.

Drs. Marcus Talerico (Mid America Hand to Shoulder) and Karen Levin/Mitchell Grobman (Associated Neurology), Biofora/Sagerman (Hand Surgery Associates), are intended to be called as opinion witness(es) to testify to the care and treatment of the Plaintiff to the extent allowed under Rule 213 and to all matters expressly and/or impliedly set forth in the patient's chart including matters flowing therefrom, including, but not limited to, history, exam, diagnostics/findings, exam/findings, diagnosis, treatment, physical therapy, medication, follow-up and continuing treatment through to trial; the nature and extent of injuries sustained by Plaintiff as set forth above and in deposition including injuries, and that such injuries were caused/aggravated by the underlying trauma; that the treatment for such injuries was/is reasonable and medically necessary and causally related to underlying accident, and any other opinions or matters set forth or described in the patients medical file or hospital chart, in addition to any matters and/or opinions naturally flowing from the witnesses work or personal knowledge and involvement in this matter, in addition to testimony and opinions on the following issues:

- Plaintiff suffered and is diagnosed as having the above injuries, not limited to: traumatic injury to right arm including numbness, neuropathy, scarring, and branch nerve involvemnt;
- Plaintiff's injury is consistent with mechanism of injury/history;
- Plaintiff's injury was caused/aggravated by the underlying accident based upon history and findings and experience;
- Plaintiff's injury is confirmed through exam and diagnostics;
- Plaintiff will require ongoing and continual treatment for the injury(s);
- Plaintiff's conservative treatment did not resolve symptoms, requiring surgery and chronic pain;
- Plaintiff's symptoms and disability are permanent;
- Review and interpretation of all diagnostics;
- Plaintiff may require surgery to correct the condition(s);
- Plaintiff's surgery and costs is medically necessitated and causally related to the accident;
- Plaintiff's symptoms are disabling from activities;
- Plaintiff's injury is pain producing;
- Plaintiff's injury limits and will limit in the future Plaintiff's activity at home and at work;
- Plaintiff's injury disabled him/her from work for a period of time causing a loss in income;
- The charges or expense for the medical treatment received from each and every treater or facility referenced by Plaintiff in deposition or by Medical Expense Report was/is customary, reasonable, and medically necessary and due to the auto

accident based upon his/her expertise and experience and knowledge of the billing/charges for the same or similar treatment;

- Plaintiff is susceptible to re-injury in the future due to injury sustained in case, requiring future care and treatment, surgery and expense;
- Plaintiff will require future medical treatment and care and expense due to injury, estimate of \$10,000 annually;
- That Doctors' practice involves treating patients with similar injuries under similar settings and causes;
- The witnesses report(s) are contained in medical records produced in discovery;
- This witnesses opinions are based upon the witnesses expertise, experience, education, treatment of same and similar injuries, review of history, records of all treating physicians and care providers, films/reports, and exam all which is customary for the witness to rely upon in his/her practice.
- Foundational matters for purposes of admission of medical records into evidence;
- The testimony is also based upon a **recent exam** conducted before arbitration and/or trial.

Plaintiff expressly reserves the right to withdraw and/or not to call any 213 witnesses heretofore disclosed (or fewer than those disclosed) depending on counsel's legal determination at the time of trial and his judgment on the necessity of such testimony given the issues and evidence to be presented at the time of trial.

The accounts/financial services/billing representatives (any or each of them) from each of the facilities whereat the Plaintiff treated, as set forth in his discovery and deposition and Medical Expense Report(s) produced in discovery, including { } will each and themselves testify that based upon their experience and customs and practices and the practices of their internal office and those on their behalf, in their opinion the charges pertaining to Plaintiff's medical treatment in this case, as outlined in the Medical Expense Report, are reasonable and customary in the industry within the area. No one individual has been identified by the facility to testify, but if the defense wants to depose a specific individual before the evidence deposition of the representative is taken, Plaintiff will then designate a person for this purpose, otherwise the evidence deposition notice may simply designate the "representative with knowledge of the customary charges for such treatment" at each facility.

The records keepers from each of the facilities whereat the Plaintiff treated, as set forth in his/her discovery responses and deposition and Medical Expense Report provided throughout the course of this case, will each themselves testify to all foundational matters and requirements for admission of such records into evidence, including testimony as to the custody of the records kept in the ordinary course of business, and history provided by the patient and reliance upon such in the treatment or care of the plaintiff.

Plaintiff reserves the right to update these disclosures in the future in accordance with the order of the court, to add or delete witnesses as may be appropriate and in accordance with the court's order and reserves the right not to call a witness above as may be

appropriate at trial.

HANS A. MAST, Attorney for Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH

3416 West Elm Street McHenry, IL 60050 815-344-3797 Attorney Registration No. 06203684

#### **Verification by Certification**

Under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that he verily believes the same to be true.

11102

DATE:

# IN THE CIRCUIT COURT FOR THE TWENTY-SECOND JUDICIAN CILITOR MCHENRY COUNTY, ILLINOIS

| PAUL DULBERG,                                                                                                                               | )           |     |           | FILED                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----|-----------|---------------------------------------------|
| Plaintiff,                                                                                                                                  | )           |     |           | AUG 2.2 2012                                |
| vs.                                                                                                                                         | )           | No. | 12 LA 178 | Katherine M. Keefe<br>Mahenry Cty. Cir. Clk |
| DAVID GAGNON, Individually, and as<br>Agent of CAROLINE McGUIRE and BILL<br>McGUIRE and CAROLINE McGUIRE<br>and BILL McGUIRE, Individually, | )<br>)<br>) |     |           |                                             |
| Defendants.                                                                                                                                 | )<br>)      |     |           |                                             |

#### PROOF OF SERVICE

The undersigned, being first duly sworn on oath, deposes and states that on the 21<sup>st</sup> day of August, 2012, the following described documents were served by mailing true and correct copies thereof in an envelope, addressed as is shown below, that said envelope was sealed, that sufficient U.S. postage for first-class mail was placed thereon, and the same was deposited in the U.S. Mail in McHenry, Illinois, at or about the hour of 5:00 p.m.

DOCUMENT DESCRIPTION:

PLAINTIFF'S ANSWERS TO DEFENDANTS' SUPPLEMENTAL INTERROGATORIES

ADDRESSED TO: I

Ronald A. Barch

Cicero, France, Barch & Alexander, PC

6323 E. Riverside Blvd. Rockford, IL 61114

HANS A. MAST, Attorney for Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH

3416 West Elm Street McHenry, IL 60050 815-344-3797 Attorney No. 6203684

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# IN THE CIRCUIT COURT FOR THE TWENTY-SECOND JUDICIAL CIRCUIT McHENRY COUNTY, ILLINOIS

| PAUL DULBERG,                                                                                                                      | )           |     |           |
|------------------------------------------------------------------------------------------------------------------------------------|-------------|-----|-----------|
| Plaintiff,                                                                                                                         | )           |     |           |
| vs.                                                                                                                                | )<br>)      | No. | 12 LA 178 |
| DAVID GAGNON, Individually, and as Agent of CAROLINE McGUIRE and BILL McGUIRE and CAROLINE McGUIRE and BILL McGUIRE, Individually, | )<br>)<br>) |     |           |
| Defendants.                                                                                                                        | )<br>)      |     |           |

#### **PROOF OF SERVICE**

The undersigned, being first duly sworn on oath, deposes and states that on the 21<sup>st</sup> day of August, 2012, the following described documents were served by mailing true and correct copies thereof in an envelope, addressed as is shown below, that said envelope was sealed, that sufficient U.S. postage for first-class mail was placed thereon, and the same was deposited in the U.S. Mail in McHenry, Illinois, at or about the hour of 5:00 p.m.

DOCUMENT DESCRIPTION:

PLAINTIFF'S ANSWERS TO DEFENDANTS' SUPPLEMENTAL INTERROGATORIES

ADDRESSED TO:

Ronald A. Barch

Cicero, France, Barch & Alexander, PC

6323 E. Riverside Blvd. Rockford, IL 61114

HANS A. MAST, Attorney for Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH

3416 West Elm Street McHenry, IL 60050 815-344-3797 Attorney No. 6203684

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### IN THE CIRCUIT COURT FOR THE TWENTY-SECOND JUDICIAL CIRCUIT McHENRY COUNTY, ILLINOIS

| )    |                                   |           |
|------|-----------------------------------|-----------|
| )    |                                   |           |
| )    | •                                 |           |
| )    |                                   |           |
| )    | No.                               | 12 LA 178 |
| )    |                                   |           |
| )    |                                   |           |
| LL ) |                                   |           |
| ) .  |                                   |           |
| )    |                                   |           |
| )    |                                   |           |
| )    |                                   |           |
|      | )<br>)<br>)<br>)<br>)<br>LL)<br>) | )         |

### PLAINTIFF'S ANSWERS TO <u>DEFENDANT'S SUPPLEMENTAL INTERROGATORIES</u>

- 1. Please provide the following information about yourself.
  - a. Date of Birth;
  - b. Social Security Number or Health Insurance Claim Number ("HICN").

ANSWER:

. 1

DOB: 3-19-70

SS: 323-76-4001

2. Are you currently a Medicare beneficiary? If so, please identify any and all amounts that have been paid by Medicare in satisfaction of medical expenses from any healthcare provider involved in the treat of the injuries you are claiming in connection with the above-captioned lawsuit. Please also outline any communications that you have had regarding with Medicare and/or any Medicare Secondary Payer Recovery Center "(MRPRC") regarding Medicare liens, if any.

ANSWER: No

3. Describe in detail all injuries you have sustained as a result of the occurrence alleged in your Complaint.

ANSWER: Right arm/elbow

4. Do you have any documentation in your possession and/or control regarding Medicare payments made to you or on your behalf in connection with the injuries you are claiming in connection with the above-captioned lawsuit. If yes, please provide copies of all documentation responsive to this interrogatory.

ANSWER: No

5. Do you have any documentation in your poss4ession and/or control regarding Medicare's right to recover payments made to you or on your behalf in connection with the injuries you are claiming in connection with the above-captioned lawsuit, including but not limited to Medicare conditional payment letters, lien notices from Medicare and/or lien notices from a MSPRC.

ANSWER: No

6. State all healthcare benefits you have received or will eligible to receive as a result of injuries you attribute to the occurrence alleged in your Complaint.

ANSWER: None

HANS A. MAST, Attorney for Plaintiff

#### LAW OFFICES OF THOMAS J. POPOVICH

3416 West Elm Street McHenry, IL 60050 815-344-3797 Attorney Registration No. 06203684

#### **Verification by Certification**

Under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that he verily believes the same to be true.

| DATE: |  |  |  |
|-------|--|--|--|

## IN THE CIRCUIT COURT FOR THE TWENTY-SECOND JUDICIAL CIRCUIT MCHENRY COUNTY, ILLINOIS

| PAUL DULBERG, Plaintiff,                                              | ) ) |     | ·         | COPY                  |
|-----------------------------------------------------------------------|-----|-----|-----------|-----------------------|
| VS.                                                                   | )   | No. | 12 LA 178 |                       |
| DAVID GAGNON, Individually, and as Agent of CAROLINE McGUIRE and BILL | )   |     |           | JUN 2 7 2012          |
| McGUIRE and CAROLINE McGUIRE and BILL McGUIRE, Individually,          | į ( |     |           | MODERATY CTY M. KEEPE |
| and Didd Weddike, individually,                                       | )   |     |           | CON COK               |
| Defendants.                                                           | )   |     |           |                       |

#### **PROOF OF SERVICE**

The undersigned, being first duly sworn on oath, deposes and states that on the 25<sup>th</sup> day of June, 2012, the following described documents were served by mailing true and correct copies thereof in an envelope, addressed as is shown below, that said envelope was sealed, that sufficient U.S. postage for first-class mail was placed thereon, and the same was deposited in the U.S. Mail in McHenry, Illinois, at or about the hour of 5:00 p.m.

DOCUMENT DESCRIPTION: PLAINTIFF'S REQUEST FOR PRODUCTION TO DEFENDANTS, BILL McGUIRE AND CAROLINE McGUIRE, PLAINTIFF'S INTERROGATORIES TO DEFENDANTS, BILL McGUIRE AND CAROLINE McGUIRE, RULE 237(b) NOTICE TO PRODUCE AT TRIAL AND/OR ARBITRATION TO DEFENDANTS, BILL McGUIRE AND CAROLINE McGUIRE AND NOTICE OF DEPOSITIONS OF DEFENDANTS

ADDRESSED TO: Ronald

Ronald A. Barch

Cicero, France, Barch & Alexander, PC

6323 E. Riverside Blvd. Rockford, IL 61114

HANS A. MAST, Attorney for Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH

3416 West Elm Street McHenry, IL 60050 815-344-3797 Attorney No. 6203684

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### IN THE CIRCUIT COURT FOR THE TWENTY-SECOND JUDICIAL CIRCUIT McHENRY COUNTY, ILLINOIS

| PAUL DULBERG,                      | )  |     |           |
|------------------------------------|----|-----|-----------|
|                                    | )  |     |           |
| Plaintiff,                         | )  |     |           |
| ,                                  | )  |     |           |
| VS.                                | )  | No. | 12 LA 178 |
|                                    | )  |     | •         |
| DAVID GAGNON, Individually, and as | )  |     |           |
| Agent of CAROLINE McGUIRE and BILL | L) |     |           |
| McGUIRE and CAROLINE McGUIRE       | )  |     |           |
| and BILL McGUIRE, Individually,    | )  |     |           |
|                                    | )  |     |           |
| Defendants.                        | )  |     |           |

#### PLAINTIFF'S INTERROGATORIES TO DEFENDANTS, BILL McGUIRE AND CAROLINE McGUIRE

NOW COMES the Plaintiff, PAUL DULBERG, by and through his attorneys, LAW OFFICES OF THOMAS J. POPOVICH, P.C., and pursuant to Illinois Supreme Court Rule 213, propounds the following interrogatories to Defendants, to be answered under oath, including full information known to you, your agents, and attorneys within 28 days of service:

In construing these Interrogatories:

- 1. If any discovery request cannot be answered in full after exercising due diligence to secure the information to do so, please so state and answer the request to the extent possible, specify an inability to answer the remainder of any such request and state whatever information or knowledge is presently available to you concerning the unanswered portion of said request.
- 2. All objections or answers to these Interrogatories that fail or refuse to respond to any Interrogatory on the ground of any claim of privilege of for any other reason shall:
  - a. State the nature of the claim or other ground of objection;
  - b. State all facts relied upon in support of the claim of privilege or other ground of objection;
  - c. Identify all documents related to the claim of privilege or other ground of objection;

- d. Identify all persons having knowledge of any facts related to the claim of privilege or other ground of objection; and
- e. Identify all events, transactions, or occurrences related to the claim of privilege or other ground of objection.
- 1. State the full name of the defendant(s) answering, as well as your current residence address, date of birth, marital status, and social security number, and, if different, give the full name, as well as the current residence address, date of birth, marital status, and social security number of the individual(s) signing these Answers.
- 2. State the full name and current residence address of each person who witnessed or claims to have witnessed the accident to the Plaintiff on the premises as described in the complaint.
- 3. State the full name and current residence address of each person who witnessed or claims to have witnessed the work and/or conditions existing as described in the complaint at the location of the accident on the date of the accident described.
- 4. State the name and address of the person(s) or entity that owned the property premises whereat the accident occurred as alleged, as of the date in question.
- 5. State the name and address of the person(s) or entity that was involved in the work and/or maintenance of the exterior of the premises as alleged on the date in question.
- 6. State the name and address of the person(s) or entity that decided or chose to undertake the work and/or maintenance of the exterior of the premises as alleged on the date in question, including chain saw use and activity.
- 7. State the name and address of the person(s) or entity that was to supervise or oversee the work and/or maintenance at the exterior of the premises as alleged on the date in question including chain saw use and activity.
- 8. State the full name and current residence address of each person, who was present and/or claims to have been present at the scene immediately before, at the time of, and/or immediately after said occurrence.
- 9. State the name and address of each witness that knows or claims to know the circumstances of the alleged accident, how it occurred or how the Plaintiff became injured as alleged in the complaint.

- 10. With respect to the chain saw that was being operated on the premises at the time of the alleged injury, state as follows:
  - a. Who was operating the chain saw at the time of Plaintiff's alleged injury;
  - b. Who owned the chain saw at the time of Plaintiff's alleged injury:
  - c. Who requested that the chain saw be used to perform work at the time of Plaintiff's injury.
- 11. With respect to David Gagnon's experience in use of a chain saw prior to the date of the alleged accident, state as follows:
  - a. How many times had David Gagnon operated the same or similar chain saw prior to the date of alleged accident;
  - b. What formal training did David Gagnon received in use or operation of a chain saw prior to the occurrence alleged;
  - c. Who, if any, (names and addresses) trained David Gagnon in use or operation of a chain saw prior to the occurrence;
- 12. What was the scope of work or task David Gagnon was engaged in with use of the chain saw at or about the time of the alleged accident.
- 13. Who (names and addresses) requested or chose to engage Gagnon in the "task" of use and operation of the chain saw at or about the time of the alleged accident.
- 14. What instructions or guidance, if any, was given to Gagnon prior to Plaintiff's alleged injury/accident with regard to how he was to perform the chain saw work at the premises.
- 15. Were you (Defendant) covered under any policy of insurance at the time of the occurrence. If so, were you named or covered under any policy, or policies, of liability insurance effective on the date of said occurrence, and: State the name of each such company or companies, the policy number or numbers, the effective period(s) occurrence, including umbrella or excess insurance coverage, property damage and medical payment coverage.
- 16. Do you have any information:
  - (a) That any plaintiff was, within the 5 years immediately prior to said occurrence, confined in a hospital and/or clinic, treated by a physician and/or other health professional, or x-rayed for any reason other than personal injury? If so, state each plaintiff so involved, the name and address of each such hospital and/or clinic, physician, technician and/or other health care professional, the approximate date

of such confinement or service and state the reason for such confinement or service;

- (b) That any plaintiff has suffered any serious personal injury and/or illness prior to the date of said occurrence? If so, state each plaintiff so involved, state when, where and how he or she was injured and/or ill and describe the injuries and/or illness suffered;
- (c) That any plaintiff has suffered any serious personal injury and/or illness since the date of said occurrence? If so, state each plaintiff so involved, state when, where and how he or she was injured and/or ill and describe the injuries and/or illness suffered;
- (d) That any plaintiff has ever filed any other suit for his or her own personal injuries? if so, state each plaintiff so involved, state the court, and caption in which filed, the year filed, the title and docket number of said case.
- 17. Were any photographs, movies and/or videotapes taken of the scene of the occurrence or of the persons involved? If so, state the date or dates on which such photographs, movies and/or videotapes were taken, the subject thereof, who now has custody of them, the name, address and occupation and employer of the person taking them.
- 18. Have you (or anyone acting on your behalf) had any conversations with any person at any time with regard to the manner in which the occurrence complained of occurred, or have you overheard any statements made by any person at any time with regard to the injuries complained of by plaintiff or the manner in which the occurrence complained of occurred? If the answer to this Interrogatory is in the affirmative, state the following:
  - (a) The date or dates of such conversations and/or statements;
  - (b) The place of such conversations and/or statements;
  - (c) All persons present for the conversations and/or statements;
  - (d) The matters and things stated by the person in the conversations and/or statements;
  - (e) Whether the conversation was oral, written and/or recorded; and
  - (f) Who has possession of said statement if written and/or recorded.
- 19. Do you know of any statements made by any person relating to the occurrence complained of by the plaintiff? If so, give the name and address of each such witness, the date of said statement, and state whether such statement was written and/or oral.
- 20. State the name and address of each person having knowledge of Plaintiff's activities on the premises PRIOR to the accident in question.
- 21. State the name and address of each person having knowledge of Plaintiff's activities on the premises AFTER the accident in question.

- 22. Had the Plaintiff ever used or operated a chain saw on the premises or for the Defendant's prior to his alleged accident. If so, state the dates and times such occurred.
- 23. Pursuant to Illinois Supreme Court Rule 213(f), provide the name and address of each witness who will testify at trial, and state the subject of each witness' testimony, giving the following information:
  - (a) The subject matter on which the opinion witness is expected to testify;
  - (b) The conclusions and/or opinions of the opinion witness and the basis therefore, including reports of said witness, if any;
  - (c) The qualifications of each opinion witness, including a Curriculum Vitae and/or resume, if any; and
  - (d) Identify any written reports of the opinion witness regarding this occurrence.
- 24. List the names and addresses of all other persons (other than yourself and persons heretofore listed) who have knowledge of the facts of said occurrence and/or of the injuries and damages claimed to have resulted therefrom.
- 25. Identify any statements, information and/or documents known to you and requested by any of the foregoing Interrogatories which you claim to be work product or subject to any common law or statutory privilege, and with respect to each Interrogatory, specify the legal basis for the claim as required by Supreme Court Rule 201(n).
- 26. State the name and address of each person at the premises (although maybe at different location or not a witness to the incident) described at the time of the occurrence.
- Was the Plaintiff struck and injured by the chain saw while in operation on the date and time alleged. If so, what caused the chain saw to strike the Plaintiff.
- 28. Describe what, if any, of the Plaintiff's conduct caused or contributed to his injury on the date and time in question.
- 29. Did the chain saw malfunction at any time during its use prior to Plaintiff's alleged injury.
- 30. Prior to Plaintiff's alleged injury, was the subject chain saw operating safely and properly.

Demand to Supplement: Pursuant to Supreme Court Rule 213(i), the party answering these interrogatories is hereby requested to seasonably supplement or amend any prior answer or response whenever new or additional information subsequently becomes known to that party or the party's attorneys or agents.

HANS A. MAST, Attorney for Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH, P.C.

3416 West Elm Street McHenry, Illinois 60050 815/344-3797

Attorney ID No.: 06203684

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| STATE OF ILLINOIS                                                                                   | )                                            |                                                                                                         |                |
|-----------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------------------------------------------------------------------------|----------------|
| COUNTY OF McHENRY                                                                                   | ) SS<br>)                                    |                                                                                                         |                |
| he/she is a Defendant in the ab<br>entitled Answers to Interrogat<br>to the best of his/her knowled | oove-captioned matte<br>ories; and the answe | st duly sworn on oath, deposes<br>er; that he/she has read the fore<br>ers made therein are true, corre | going document |
|                                                                                                     | Defer                                        | ndant                                                                                                   |                |
| SUBSCRIBED AND SWORN before me this, day o, 2012.                                                   | f                                            |                                                                                                         |                |
| NOTARY PUBLIC                                                                                       | van der i                                    |                                                                                                         |                |

IN THE CIRCUIT COURT FOR THE TWENTY-SECOND JULIAN MCHENRY COUNTY, ILLINOIS

| PAUL DULBERG,                                                                                                                      | )                |     | t<br>:    | FILED<br>McHenry County, Illinois                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------|------------------|-----|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Plaintiff,                                                                                                                         | )                |     |           | AUG - 8 2012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| VS.                                                                                                                                | ) N.             | lo. | 12 LA 178 | KATHERINE M. KEEFE<br>Clerk of the Circuit Court                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| DAVID GAGNON, Individually, and as Agent of CAROLINE McGUIRE and BILL McGUIRE and CAROLINE McGUIRE and BILL McGUIRE, Individually, | )<br>)<br>)<br>) |     |           | The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s |
| Defendants.                                                                                                                        | )                |     |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

### **RE-NOTICE OF MOTION**

To: Ronald A. Barch Cicero, France, Barch & Alexander, PC 6323 E. Riverside Blvd. Rockford, IL 61114

On August 8, 2012 at 9:00 a.m., or as soon thereafter as counsel may be heard, I shall appear before the Honorable Thomas A. Meyer or any judge sitting in his stead, in courtroom 201 in the Circuit Court of McHenry County in Woodstock, Illinois and shall then and there present PLAINTIFF'S MOTION FOR PROTECTIVE ORDER, a copy of which is hereby served upon you

### AFFIDAVIT OF SERVICE

I certify that I served this Notice by mailing to whom it is directed at approximately 5:00 p.m. on August 1, 2012 in McHenry, IL and further that the statements set forth in this Affidavit of Service are true and correct.

Hans A. Mast, Attorney for Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH, P.C.

3416 West Elm Street McHenry, IL 60050 815-344-3797 Attorney ID No. 30037

S:\Main\DULBERG, PAUL\Notices\Notice of Motion 7-31-12.wpd

IN THE CIRCUIT COURT FOR THE TWENTY-SECOND JUDICIAL CIRCUIT MCHENRY COUNTY, ILLINOIS

PAUL DULBERG, )
Plaintiff. )

VS.

No. 12 LA 178

McHenry County, Illinois

JUL 3 | 2012

KATHERINE M. KEEFE
Clerk of the Circuit Court

DAVID GAGNON, Individually, and as Agent of CAROLINE McGUIRE and BILL McGUIRE and CAROLINE McGUIRE and BILL McGUIRE, Individually,

Defendants.

#### **NOTICE OF MOTION**

To: Ronald A. Barch Cicero, France, Barch & Alexander, PC 6323 E. Riverside Blvd. Rockford, IL 61114

On July 31, 2012 at 9:00 a.m., or as soon thereafter as counsel may be heard. I shall appear before the Honorable Michael T. Caldwell or any judge sitting in his stead, in courtroom 204 in the Circuit Court of McHenry County in Woodstock, Illinois and shall then and there present PLAINTIFF'S MOTION FOR PROTECTIVE ORDER, a copy of which is hereby served upon you

### AFFIDAVIT OF SERVICE

I certify that I served this Notice by mailing to whom it is directed at approximately 5:00 p.m. on July 24, 2012 in McHenry, IL and further that the statements set forth in this Affidavit of Service are true and correct.

Hans A. Mast, Attorney for Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH, P.C.

3416 West Elm Street McHenry, IL 60050 815-344-3797 Attorney ID No. 30037

S:\Main\DULBERG, PAUL\Notices\Notice of Motion 7-24-12 wpd

# IN THE CIRCUIT COURT FOR THE TWENTY-SECOND JUDICIAL CIRCUIT McHENRY COUNTY, ILLINOIS

| PAUL DULBERG.                                                            | ) |     |           | McHenry               | LED<br>County, Illinois           |
|--------------------------------------------------------------------------|---|-----|-----------|-----------------------|-----------------------------------|
| Plaintiff,                                                               | ) |     | :         | JUL 3                 | 3 <b>I 20</b> I2                  |
| vs.                                                                      | ) | No. | 12 LA 178 | KATHER<br>Clerk of ti | NE M. KEEFE .<br>ne Circuit Court |
| DAVID GAGNON, Individually, and as<br>Agent of CAROLINE McGUIRE and BILL | ) |     |           |                       |                                   |
| McGUIRE and CAROLINE McGUIRE                                             | ) |     | i         |                       |                                   |
| and BILL McGUIRE, Individually,                                          | ) |     | ·<br>•    |                       |                                   |
| Defendants.                                                              | ) |     | :         |                       |                                   |

### PLAINTIFF'S MOTION FOR PROTECTIVE ORDER

NOW COME the Plaintiff, PAUL DULBERG, by and through his attorneys, LAW OFFICES OF THOMAS J. POPOVICH, P.C. and for his Motion for Protective Order to preserve and protect the "chain saw" involved in the underlying occurrence along with all parts and accessories and manual/paperwork, and states as follows:

- 1. This suit arises from injuries suffered by the Plaintiff, PAUL DULBERG, on June 28, 2011, when he was negligently struck by a "chain saw" operated by DAVID GAGNON while working on behalf and/or at the request of the Defendants, CAROLINE McGUIRE and BILL McGUIRE at their premises at 1016 W. Elder Avenue, in the City of McHenry, County of McHenry, Illinois.
- 2. Plaintiff's counsel would like an opportunity to photograph and inspect the subject "chain saw" and any parts, accessories and manual/paperwork pertaining to the saw and moves that this court order the "saw and its parts and accessories and paperwork/manual be preserved and protected without destruction or loss until further order of this court."

WHEREFORE, the Plaintiff, PAUL DULBERG, respectfully moves this Court to enter a protective order against the Defendants, their agents, employees, staff and/or representatives and any others under it's control, and it's attorneys, to preserve and protect the chain saw and its parts and accessories and paperwork/manual, from any destruction, alterations, modifications, or other changes from its condition as presently exists, until further order of the court and to present the saw and its parts etc within 30 days hereof to the Plaintiff's counsel for inspection and photographing.

Respectfully Submitted:

Hans A. Mast, Attorney for Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH, P.C.

3416 W. Elm Street McHenry, IL 60050 815/344-3797 ARDC. #06203684

S:Wain/DULDERG, PAUL/Motions/Motion for Protective Order 7-24-12.wpd

IN THE CIRCUIT COURT FOR THE TWENTY-SECOND JUDICIAL CR U
McHENRY COUNTY, ILLINOIS

| ſ | FILED<br>McHenry County, Illinois                |   |
|---|--------------------------------------------------|---|
|   | JUL 3   2012                                     |   |
|   | KATHERINE M. KEEFE<br>Clerk of the Circuit Court | } |

PAUL DULBERG,

Plaintiff,

Vs.

No. 12 LA 178

DAVID GAGNON, Individually, and as
Agent of CAROLINE McGUIRE and BILL

McGUIRE and CAROLINE McGUIRE

and BILL McGUIRE, Individually,

Defendants.

#### NOTICE OF MOTION

To: Ronald A. Barch Cicero, France, Barch & Alexander, PC 6323 E. Riverside Blvd. Rockford, IL 61114

On July 31, 2012 at 9:00 a.m., or as soon thereafter as counsel may be heard, I shall appear before the Honorable Michael T. Caldwell or any judge sitting in his stead, in courtroom 204 in the Circuit Court of McHenry County in Woodstock, Illinois and shall then and there present PLAINTIFF'S MOTION FOR PROTECTIVE ORDER, a copy of which is hereby served upon you

#### AFFIDAVIT OF SERVICE

I certify that I served this Notice by mailing to whom it is directed at approximately 5:00 p.m. on July 24, 2012 in McHenry, IL and further that the statements set forth in this Affidavit of Service are true and correct.

Hans A. Mast, Attorney for Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH, P.C.

3416 West Elm Street McHenry, IL 60050 815-344-3797 Attorney ID No. 30037

S:\Main\DULBERG, PAUL\Notices\Notice of Motion 7-24-12,wpd

IN THE CIRCUIT COURT FOR THE TWENTY-SECOND JUDICIAL CIRCUIT

McHENRY COUNTY, ILLINOIS

PAUL DULBERG,

Plaintiff,

Vs.

No. 12 LA 178

Clerk of the Circuit Court

DAVID GAGNON, Individually, and as

Agent of CAROLINE McGUIRE and BILL

McGUIRE and CAROLINE McGUIRE

and BILL McGUIRE, Individually,

Defendants.

#### PLAINTIFF'S MOTION FOR PROTECTIVE ORDER

NOW COME the Plaintiff, PAUL DULBERG, by and through his attorneys, LAW OFFICES OF THOMAS J. POPOVICH, P.C. and for his Motion for Protective Order to preserve and protect the "chain saw" involved in the underlying occurrence along with all parts and accessories and manual/paperwork, and states as follows:

- 1. This suit arises from injuries suffered by the Plaintiff, PAUL DULBERG, on June 28, 2011, when he was negligently struck by a "chain saw" operated by DAVID GAGNON while working on behalf and/or at the request of the Defendants, CAROLINE McGUIRE and BILL McGUIRE at their premises at 1016 W. Elder Avenue, in the City of McHenry, County of McHenry, Illinois.
- 2. Plaintiff's counsel would like an opportunity to photograph and inspect the subject "chain saw" and any parts, accessories and manual/paperwork pertaining to the saw and moves that this court order the "saw and its parts and accessories and paperwork/manual be preserved and protected without destruction or loss until further order of this court."

WHEREFORE, the Plaintiff, PAUL DULBERG, respectfully moves this Court to enter a protective order against the Defendants, their agents, employees, staff and/or representatives and any others under it's control, and it's attorneys, to preserve and protect the chain saw and its parts and accessories and paperwork/manual, from any destruction, alterations, modifications, or other changes from its condition as presently exists, until further order of the court and to present the saw and its parts etc within 30 days hereof to the Plaintiff's counsel for inspection and photographing.

Respectfully Submitted:

Hans A. Mast, Attorney for Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH, P.C.

3416 W. Elm Street McHenry, IL 60050 815/344-3797

ARDC. #06203684

S:\Main\DULDERG, PAUL\Motions\Motion for Protective Order 7-24-12,wpd



Katherine M. Keefe Clerk of the Circuit Court 22nd Judicial Circuit - McHenry County, Illinois 2200 N. Seminary Avenue Woodstock, IL 60098 www.mchenrycircuitcierk.org

#### RECEIPT FOR PAYMENT

Receipt: 4091339

Date: May 15, 2012

Time: 03:33 PM

Balance Due:

Received From: POPOVICH, THOMAS J

Paid By: CHECK OR MONEY ORDER(1938)

\$241.00

Total Paid:

\$241.00

\$0.00

Case Number: 12LA000178

DULBERG, PAUL VS GAGNON, DAVID, ET AL

| CIRCUIT CLERK FEE        | \$160.00 |
|--------------------------|----------|
| COURT AUTOMATION FEE     | \$15,00  |
| COURT DOCUMENT FEE       | \$15,00  |
| LAW LIBRARY FEE          | \$18,00  |
| COURT FEE                | \$5,00   |
| COURT SECURITY FEE       | \$20.00  |
| ARBITRATION FEES         | \$8.00   |
| Total Paid on this case: | \$241.00 |

<sup>\*\*</sup> The Balance Due can increase if a warrant or other court-ordered paper is served by an erresting agency.

# STATE OF ILLINOIS IN THE CIRCUIT COURT OF THE 22<sup>ND</sup> JUDICIAL CIRCUIT COUNTY OF McHENRY

| PAUL DULBERG,                                                                                                                                         | )                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| Plaintiff,                                                                                                                                            | ) Case No. 12 LA 178                      |
| vs.  DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually,  Defendants. | REQUEST TO PRODUCE TO CO-DEFENDANT GAGNON |
| TO: David Gagnon<br>c/o Attorney Perry A. Accardo<br>Law Office of M. Gerard Gregoire<br>200 N. LaSalle St., Ste 2650<br>Chicago, IL 60601-1092       |                                           |

Pursuant to Supreme Court Rule 214, Defendants, Bill McGuire and Carolyn McGuire, by Cicero, France, Barch & Alexander, PC, their attorneys, request DAVID GAGNON to produce for inspection, copying, and reproduction on the 28th day after service of this request the documents, objects or tangible things set forth below.

DAVID GAGNON is requested to produce these documents either by mailing legible copies to Cicero, France, Barch & Alexander, PC, 6323 East Riverside Blvd., Rockford, IL 61114, or by producing the documents for inspection and copying on the 28th day after service of this request at Cicero, France, Barch & Alexander, PC, 6323 East Riverside Blvd., Rockford, IL 61114.

As used in this request the term "document" includes without limitation, any graphic matter, whether paper, cardboard, tape, plastic, film or any other material and includes any recording and transcript thereof. The term "you" or "your" refers not only to the party to whom this request is directed, but also to any representative who acts for you or under your control.

With respect to each document covered by the request which you refuse to produce by

reason of any attorney-client privilege, you are requested to identify the nature and date of the document, its author and title, and each recipient of the document and his title.

- 1. Medical bills for any medical treatment rendered to PAUL DULBERG from January 1, 2010 to the present date.
- 2. Pharmacy bills for prescriptions and/or appliances regarding PAUL DULBERG from January 1, 2010 to the present date.
- 3. All photographs, slides, videos or motion pictures taken of PAUL DULBERG, any physical objects involved, or the scene of the occurrence.
- 4. All reports or records of doctors, hospitals, clinics or medical practitioners which, in any way, relate to the physical or mental condition of PAUL DULBERG <u>prior</u> to the alleged occurrence (including other injuries, illnesses or hospitalizations).
- 5. All reports or records of doctors, hospitals, clinics or medical practitioners which, in any way, relate to the physical or mental condition of PAUL DULBERG <u>subsequent</u> to the alleged occurrence (including other injuries, illnesses or hospitalizations).
- 6. A list giving the names and addresses of all persons making any examination or inspection in reference to the occurrence in question, any of the physical objects involved, or the scene of the occurrence.
- 7. All accident reports, investigation reports and materials, and all other like documents prepared as a result of or in reference to the occurrence complained of in the Complaint.
- 8. All receipts, records, bills, statements, invoices, wage loss materials, and any other documents relating to the amount of damages sought by the plaintiff.
- 9. Statements of any witnesses or persons having knowledge pertaining to the facts or issues in the lawsuit, including any party.

You are also requested to furnish an Affidavit to counsel for all parties stating whether the production is complete, and to advise counsel for all parties as to the date upon which the documents, objects or tangible things will be produced.

CAROLYN MCGUIRE and BILL MCGUIRE, Defendants, by their attorneys, CICERO, FRANCE, BARCH & ALEXANDER, P.C.,

Ву

RONALD A. BARCH (6209572)

Cicero, France, Barch & Alexander, P.C. 6323 East Riverside Blvd. Rockford, IL 61114 815/226-7700 815/226-7701 (fax)

#### **CERTIFICATE OF SERVICE**

The undersigned hereby certifies that a copy of the foregoing document was

served upon:

Attorney Perry A. Accardo Law Office of M. Gerard Gregoire 200 N. LaSalle St., Ste 2650 Chicago, IL 60601-1092 Attorney Hans A. Mast Law Offices of Thomas J. Popovich 3416 West Elm Street McHenry, IL 60050

Cicero, France, Barch & Alexander, P.C. 6323 East Riverside Blvd. Rockford, IL 61114 815/226-7700 815/226-7701 (fax)

# SUMMONS-30 DAY

| (Name all parties)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | NRY COUNTY, ILLINOIS                                                                                                                                   |  |  |
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| PAUL DULBERG,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                        |  |  |
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| Plaintifi(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <u>_</u> :                                                                                                                                             |  |  |
| ¥s,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                        |  |  |
| DAVID GAGNON, Individually, and as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Case Number / 24178                                                                                                                                    |  |  |
| Agent of CAROLINE MCGUIRE and BILL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Amount Claimed \$ 50,000,00+                                                                                                                           |  |  |
| MCGUIRE, and CAROLINE MCGUIRE and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Please Serve:                                                                                                                                          |  |  |
| Defendant(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | - Bill McGuire                                                                                                                                         |  |  |
| BILL MCGUIRE, Individually                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1016 W. Elder Avenue<br>McHenry, IL 60051                                                                                                              |  |  |
| St                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | JIMMONS 1L 60051                                                                                                                                       |  |  |
| To each Defendant:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                        |  |  |
| YOU ARE SUMMONED and required t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | o file an answer in this case, or otherwise file your appearance                                                                                       |  |  |
| in the office of the Clerk of this court. McHenry                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | o file an answer in this case, or otherwise file your appearance County Government Center, 2200 N. Seminary Avenue,                                    |  |  |
| Woodstock, Illinois 60008 within 20 days a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | South Serninary Avenue.                                                                                                                                |  |  |
| YOU FAIL TO DO SO A TUDO CARRIED ON TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | service of this summons, not counting the day of service. If                                                                                           |  |  |
| YOU FOR THE DELIEF ACCESSION OF THE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ECREE BY DEFAULT MAY BE TAKEN AGAINST                                                                                                                  |  |  |
| YOU FOR THE RELIEF ASKED IN THE CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | MPLAINT.                                                                                                                                               |  |  |
| To the officer:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                        |  |  |
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| inis summons must be returned by the off                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | icer or other person to whom it was given for service, with                                                                                            |  |  |
| endorsement of service and fees, if any, immediat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ely after service. If service cannot be made, this summons                                                                                             |  |  |
| shall be returned so endorsed. This summons may                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | v not be served later than 30 days of the summons                                                                                                      |  |  |
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| JUDICA TO THE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                        |  |  |
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| MCHENDY 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | WITNIBSS , MAY 1 5 2012                                                                                                                                |  |  |
| MCHENRY TO BE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | WITNESS / MAY 1 5 2012                                                                                                                                 |  |  |
| ITTINOIS CA<br>CONNAL CONNAL WITH THE WAY WITH THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF | WITNESS / MAY 1 5 2012                                                                                                                                 |  |  |
| MCHENRY COUNTY STATE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PR   | WITNESS MAY 1 5 2012  Katherine M. Keefs.                                                                                                              |  |  |
| MCHENRY COUNTY ILLINOIS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | WITNESS / MAY 1 5 2012                                                                                                                                 |  |  |
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| Plaintiff's attorney or plaintiff if he is not represen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | WITNESS MAY 15 2012  **Clerk of the Circuit Court**  **Clerk of the Circuit Court**                                                                    |  |  |
| Plaintiff's attorney or plaintiff if he is not represent Name Law Offices of Thomas J Popovich                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | WITNESS MAY 15 2012  **Clerk of the Circuit Court**  **Clerk of the Circuit Court**                                                                    |  |  |
| Plaintiff's attorney or plaintiff if he is not represent Name Law Offices of Thomas J Popovich Attorney for Plaintiff                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | WITNESS WAY 15 2012  Clerk of the Circuit Court  Attenue M. Keefs  Clerk of the Circuit Court                                                          |  |  |
| Plaintiff's attorney or plaintiff if he is not represent Name Law Offices of Thomas J Popovich Attorney for Plaintiff Address 3416 W. Elm Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | WITNESS WAY 15 2012  Clerk of the Circuit Court  Attenue M. Keefs  Clerk of the Circuit Court  Attenue M. Keefs  Prepared by Hans A. Mast              |  |  |
| Plaintiff's attorney or plaintiff if he is not represent Name Law Offices of Thomas J Popovich Attorney for Plaintiff                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | WITNESS WAY 15 2012  Clerk of the Circuit Court  Ited by an attorney  Prepared by Hans A. Mast  Attorney for Plaintiff                                 |  |  |
| Plaintiff's attorney or plaintiff if he is not represent Name Law Offices of Thomas J Popovich Attorney for Plaintiff Address 3416 W. Elm Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | WITNESS WAY 15 2012  Clerk of the Circuit Court  Attenue M. Keefs  Clerk of the Circuit Court  Attenue Management of Plaintiff  Attorney for Plaintiff |  |  |

CV-SUM9; Revised 12/01/06

Page 1 of 2

#### AFFIDAVIT OF SERVICE

### STATE OF ILLINOIS

#### In the

Circuit Court of the 22nd Judicial Circuit, McHenry County, Illinois Paul Dulberg vs Bill McGuire **CASE NO: 12LA178** 

On Sunday, June 3, 2012, at 6:14 PM, I served the within described Summons Together With A Copy Of The Complaint In This Action in the manner described below;

I served the within named Bill McGuire by leaving a true copy of the Summons Together With A Copy Of The Complaint In This Action at the usual place of abode of the defendant with Caroline McGuire a co-resident.

Said service was effected at 1016 W Elder Ave, McHenry, IL 60051 Bill McGuire'S last and usual abode.

Caroline McGuire is a White Female approximately 55 years of age, 5' 7" Tall and approximately 160-170 lbs with Brown hair.

I know the person I served was Caroline McGuire because she so stated it.

An additional copy of the within Summons Together With A Copy Of The Complaint In This Action was mailed to Bill McGuire at the within service address (first class, postage prepaid).

I Mark R. Schneider, swear that I am an adult over the age of 18 years, and I am not a party to the above entitled action.

Furthermore, I am employed as a private detective under Illinois Agency License #117-000870.

Mark R. Schneider, Licensed Private Detective

Subscribed and Sworn to before me,

June 4, 2012,

Notary Public, State of Illinois My Commission

DAWN SCHNEIDER COMMISSION EXPIRES APRIL 8, 2014

MDS INVESTIGATIONS, INC.

P.O. Box 309

McHenry, IL, 60051

(815) 344-4657 (800) 988-6374 , (815) 344-4831

Our Job Serial Number: 59135

# SUMMONS - 30 DAY

| IN THE CIRCUIT COURT OF 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | THE TWENTY-SECOND JUDICIAL CIRCUIT                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| (Name all parties)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | LY COUNTY, ILLINOIS                                            |
| PAUL DULBERG,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                |
| Plaintiff(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                |
| Vs.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 132                                                            |
| DAVID GAGNON, Individually, and as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Case Number 12 CA (78                                          |
| Agent of CAROLINE MCGUIRE and BILL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Amount Claimed S 50,000.00+                                    |
| MCGUIRE, and CAROLINE MCGUIRE and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Please Serve:                                                  |
| De fendant(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Caroline McGuire                                               |
| BILL MCGUIRE, Individually                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1016 W. Elder Avenue                                           |
| SU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | MMONS IL 60051                                                 |
| •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                |
| To each Defendant:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                |
| YOU ARE SUMMONED and required to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | file an answer in this case, or otherwise file your appearance |
| in the dirice of the Clerk of this court. McHenry C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Ounty Government Center, 2200 N. Seminary Avanua               |
| Woodstock, Illinois, 60098, within 30 days after se                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ervice of this summons, not counting the day of service. IF    |
| YOU FAIL TO DO SO A DIDOMENT OF DE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ECREE BY DEFAULT MAY BE TAKEN AGAINST                          |
| YOU FOR THE RELIEF ASKED IN THE CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ECREE BY DEFAULT MAY BE TAKEN AGAINST                          |
| - CO LOW TIME PRESENT WASKED IN THE CO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | WIPLAINI                                                       |
| To the officer:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                |
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| enclarement of samples and Soil 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | cer or other person to whom it was given for service, with     |
| shall be astronoid as a little and rees, it any, immediate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ely after service. If service cannot be made, this summons     |
| shall be returned so endorsed. This summons may                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | not be served later than 30 days after its date.               |
| MOCHA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                |
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| ES MICHENRY VE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 20                                                             |
| 電話: ILLINOIS である                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Katherine M. Leefs                                             |
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| Plaintiff's attorney or plaintiff if he is not represent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ted by an attorney                                             |
| Name Law Offices of Thomas J Popovich                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | · ·                                                            |
| Attorney for Plaintiff                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Prepared by Hans A. Mast                                       |
| Address 3416 W. Elm Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Attorney for Plaintiff                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Attorney Registration No. 06203684                             |
| City, State Zip McHenry, IL 60050                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | •                                                              |
| Telephone 815-344-3797                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                |

CV-SUM9: Revised 12/01/06

Page 1 of 2

18123444831

#### AFFIDAVIT OF SERVICE

### STATE OF ILLINOIS

In the

Circuit Court of the 22nd Judicial Circuit, McHenry County, Illinois Paul Dulberg vs Caroline McGuire

**CASE NO: 12LA178** 

On Sunday, June 3, 2012, at 6:14 PM, I served the within described Summons Together With A Copy Of The Complaint In This Action in the manner described below;

I served the within Summons Together With A Copy Of The Complaint In This Action upon the within named Caroline McGuire by giving a true copy to Caroline McGuire personally.

Said service was effected at 1016 W Elder Ave, McHenry, IL 60051.

Caroline McGuire is a White Female approximately 55 years of age, 5' 7" Tall and approximately 160-170 lbs with Brown hair.

I know the person I served was Caroline McGuire because she so stated it.

I Mark R. Schneider, swear that I am an adult over the age of 18 years, and I am nota party to the above entitled action. Furthermore, I am employed as a private detective under Illinois, Agency License #117-000870.

Mark R. Schneider, Licensed Private Detective

Subscribed and Sworn to before me, June 4, 2012, MDS INVESTIGATIONS, INC.

P.O. Box 309

McHenry, IL, 60051

(815) 344-4657 (800) 988-6374, (815) 344-4831

Notary Public, State of Illinois

My Gommission Expires.

DAWN SCHNEIDER COMMISSION EXPIRES APRIL 8, 2014 Our Job Serial Number: 59136



3416 W. Elm Street

McHenry, Illinois 60050

TELEPHONE: 815.344.3797

FACSIMILE: 815.344.5280 www.popovichlaw.com

MARK J. VOGG ROBERT J. LUMBER

THOMAS J. POPOVICH HANS A. MAST JOHN A. KORNAK

March 19, 2015

VIA FACSIMILE: 312/986-8072

Brad Balke Balke Law Office 542 S. Dearborn, Suite 310 Chicago, IL 60605

> RE: Frank Cavanaugh

Dear Mr. Balke:

In follow up to our communications via email, please allow this letter to reflect your agreement to waive your attorney's fee with regard to your representation of Frank Cavanaugh in this matter. In return, our office will be waiving any attorney fee (not costs) in the Paul Dulberg matter. Please sign the bottom of this letter confirming the agreement and return it to me at your earliest convenience.

Very truly yours,

smq-

I, Brad Balke, hereby waive my attorney's lien with regard to my representation of Frank Cavanaugh and his accident of May 30, 2012.

Brad Balke

WAUKEGAN OFFICE 210 NORTH MARTIN LUTHER KING JR. AVENUE Waukegan, IL 60085



HANS A. MAST

JOEAN A. KORNAK

# The Law Offices of Thomas J. Popovich P.C.

3416 W. Elm Street

McHenry, Illinois 60050 Telephone: 815.344.3797

FACSIMILE: 815.344.5280

www.popovichlaw.com

December 26, 2013

MARK J. VOGG JAMES P. TUTAJ ROBERT J. LUMBER THERESA M. FREEMAN

VIA FACSIMILE: 815/226-7701

Ronald A. Barch Cicero, France, Barch & Alexander, PC 6323 E. Riverside Blvd. Rockford, IL 61114

RE: Paul Dulberg vs. David Gagnon, Caroline McGuire and Bill McGuire

McHenry County Case: 12 LA 178

Dear Mr. Barch:

Please be advised that we will accept your \$5,000 settlement offer on behalf of you clients, Caroline and Bill McGuire. Please forward your settlement agreement to my attention. Also, please present a motion for good faith finding with regard to the settlement.

As I understand it, you have no liens on the file other than our attorney's lien.

Thank you for your cooperation.

Very truly yours,

HANS'A MAST

smq

Dec 27 2013 03:28pm

Sende r:GUEST

TTI1: Law Offices T Popovich TTI Number: 1-815-344-5280

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### The Law Offices of Thomas J. Popovich P.C.

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MARK J. VOGG JAMES P. TUTAJ ROBERT J. LUMBER THERESA M. FREEMAN

THOMAS J. POPOVICH HANS A. MAST JOHN A. KORNAK

December 26, 2013

VIA FACSIMILE: 815/226-7701

Ronald A. Barch Cicero, France, Barch & Alexander, PC 6323 E. Riverside Blvd. Rockford, IL 61114

E: Paul Dulberg vs. David Gagnon, Caroline McGuire and Bill McGuire

McHenry County Case: 12 LA 178

Dear Mr. Barch:

Please be advised that we will accept your \$5,000 settlement offer on behalf of you clients, Caroline and Bill McGuire. Please forward your settlement agreement to my attention. Also, please present a motion for good faith finding with regard to the settlement.

As I understand it, you have no liens on the file other than our attorney's lien.

Thank you for your cooperation.

Very truly yours,

HAYS A MAST

smq

# Form W-9 (Rev. January 2011)

(Rev. January 2011)
Department of the Treasury
Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

| ***************************************               | Name (as shown on your Income tax return)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 25                                                    | Business name/disregarded entity name, if different from above                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Print or type<br>See Specific Instructions on page 2. | Check appropriate box for federal tax  classification (required):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Print or type<br>histraction                          | Limited liability company. Enter the tax classification (C=C corporation, 8=8 corporation, P=partnership)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| ξź                                                    | ☐ Other (see Instructions) ►                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| pecifi                                                | Address (number, street, and apt. or sulte no.)  Requester's name and address (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 8                                                     | City, state, and ZIP code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                       | List account number(s) here (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Pai                                                   | Taxpayer Identification Number (TIN)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| reside<br>entitle<br>TIN o<br>Note<br>numb            | your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line id backup withholding. For individuals, this is your social security number (SSN). However, for a nt allen, sole proprietor, or disregarded entity, see the Part i Instructions on page 3. For other s, it is your employer identification number (EiN). If you do not have a number, see How to get a n page 3.  If the account is in more than one name, see the chart on page 4 for guidelines on whose er to enter.                                                                                                |
| Pai                                                   | LL Certification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                       | penalties of perjury, I certify that:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 1. Ti                                                 | e number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| S                                                     | m not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the internal Revenue<br>rvice (IRS) that I am subject to backup withholding as a result of a fallure to report all interest or dividends, or (c) the IRS has notified me that I am<br>longer subject to backup withholding, and                                                                                                                                                                                                                                                              |
| 3. 1 a                                                | m a U.S. citizen or other U.S. person (defined below),                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| intere<br>gene                                        | fication instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding use you have falled to report all interest and dividends on your tax return. For real setate transactions, item 2 does not apply. For mortgage ist pald, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and rally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TiN. See the citions on page 4. |
| Sig:                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

#### **General Instructions**

Section references are to the internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct texpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident allen), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
  - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payes. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- · An Individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- · An estate (other than a foreign estate), or
- A domestio trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and evold withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,
- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Allens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "aaving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

- The treaty country. Generally, thie must be the same treaty under which you claimed exemption from tax as a nonresident allen.
  - The treaty article addressing the income.
- 3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
- 4. The type and amount of income that qualifies for the exemption from tax.
- 5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident allen for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident allen of the United States. A Chinese atudent who qualifies for this exception funder paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requestor the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royaltios, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifloations, and report all your texable interest and dividends on your tax return.

### Payments you receive will be subject to backup withholding if:

- You do not furnish your TIN to the requester,
- 2. You do not certify your TIN when required (see the Part II Instructions on page 3 for details),
  - 3. The IRS tells the requester that you furnished an incorrect TIN,
- 4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
- 5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate instructions for the Requester of Form W-9.

Also see Special rules for partnerships on page 1.

#### **Updating Your Information**

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and antiolpate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

#### **Penalties**

Failure to furnish TIN. If you fall to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for faisifying information. Willfully faisifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs, if the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

#### Specific Instructions

#### Name

If you are an Individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line, You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line,

Partnership, C Corporation, or 8 Corporation. Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA) name" on the "Business name/disregarded entity name" line.

Disregarded entity. Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income will be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a domestio owner, the domestic owner's name is required to be provided on the "Name" line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the "Business name/disregarded entity name" line. If the owner of the disregarded entity is a foreign person, you must complete an appropriate Form W-8.

Note. Check the appropriate box for the federal tax classification of the person whose name is entered on the "Neme" line (individual/sote proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

Limited Liability Company (LLC), if the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the tax classification in the space provided, if you are an LLC that is troated as a partnership for federal tax purposes, enter "P" for partnership. If you are an LLC that has filled a Form 8832 or a Form 2653 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation. If you are an LLC that is disregarded as an entity seperate from its owner under Regulation section 301,7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/ disregarded entity name" line.

#### Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your statue, then check the "Exempt payee" box in the line following the "Buelness name/disregarded entity name," sign and date the form.

Generally, individuale (including eole proprietors) are not exempt from backup withholding. Corporatione are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

- 1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
  - 2. The United States or any of its agencies or instrumentalities,
- 3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities.
- A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
- An International organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

- 6. A corporation,
- 7. A foreign central bank of issue,
- B. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States.
- A futures commission merchant registered with the Commodity Futures Trading Commission,
  - 10. A real estate investment trust,
- 11. An entity registered at all times during the tax year under the investment Company Act of 1940,
  - 12. A common trust fund operated by a bank under section 584(a),
  - 13. A financial institution.
- 14. A middleman known in the investment community as a nominee or custodian, or
- 15. A trust exempt from tax under section 664 or described in section

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

| IF the payment is for                                                       | THEN the payment is exempt for                                    |
|-----------------------------------------------------------------------------|-------------------------------------------------------------------|
| Interest and dividend payments                                              | All exempt payees except<br>for 9                                 |
| Broker transactions                                                         | Exempt payees 1 through 5 end 7 through 13, Also, C corporations. |
| Barter exchange transactions and patronage dividends                        | Exempt payees 1 through 5                                         |
| Payments over \$600 required to be reported and direct sales over \$5,000 1 | Generally, exempt payees<br>1 through 7 <sup>2</sup>              |

See Form 1099-MISO, Miscellaneous income, and its instructions.

#### Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box, if you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity'e EIN. If the LLC is claesified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for e Social Security Card, from your local Social Security Administration office or get this form online at www.esa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by scoessing the IRS website at www.irs.gov/businesses and olicking on Employer Identification Number (EIN) under Starting a Business, You can get Forme W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TiN, write "Applied For" in the space for the TiN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TiN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TiN to the requester.

Note. Entering "Applied For" means that you have already applied for e TIN or that you intend to epply for one eoon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

#### Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, below, and items 4 and 5 on page 4 indicate otherwise.

For a joint account, only the person whose TiN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see Exempt Payee on page 3.

Signature requirements. Complete the certification as indicated in items 1 through 3, below, and items 4 and 5 on page 4.

- 1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.
- 2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.
- Real estate transactions. You must sign the certification. You may cross out Item 2 of the certification.

However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding; medical and health care payments, atternays' fees, gross proceeds paid to an atternay, and payments for services paid by a federal executive agency.

- 4. Other payments. You must give your correct TiN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TiN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporatione).
- 5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 829), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to eign the certification.

#### What Name and Number To Give the Requester

| For this type of account:                                                                                                                                                                                                       | Give name and SSN of:                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| Individual     Two or more individuals (joint account)                                                                                                                                                                          | The Individual The actual owner of the account or, If combined funds, the first Individual on the account ' |
| Custodian account of a minor (Uniform Glift to Minora Act)                                                                                                                                                                      | The minor *                                                                                                 |
| 4. a. The usual revocable savings<br>trust (grantor is also trustee) b. 8c-called trust account that is<br>not a legal or valid trust under<br>state law                                                                        | The grantor-trustee <sup>t</sup> The actual owner <sup>t</sup>                                              |
| Sole proprietorship or disregarded entity owned by an individual                                                                                                                                                                | The owner *                                                                                                 |
| 6. Grantor truet filing under Optional<br>Form 1099 Filing Method 1 (see<br>Regulation section 1.671-4(b)(2)()(A))                                                                                                              | The grantor*                                                                                                |
| For this type of account:                                                                                                                                                                                                       | Give name and EIN of:                                                                                       |
| Disregarded entity not owned by an Individual                                                                                                                                                                                   | The owner                                                                                                   |
| 8. A valid trust, estate, or pension trust                                                                                                                                                                                      | Legal entity *                                                                                              |
| Corporation or LLC electing<br>corporate status on Form 8832 or<br>Form 2663                                                                                                                                                    | The corporation                                                                                             |
| Association, club, religious,<br>charitable, educational, or other<br>tex-exempt organization                                                                                                                                   | The organization                                                                                            |
| 11. Partnership or multi-member LLC                                                                                                                                                                                             | The partnership                                                                                             |
| 12. A broker or registered nominee                                                                                                                                                                                              | The broker or nominee                                                                                       |
| <ol> <li>Account with the Department of<br/>Agriculture in the name of a public<br/>entity (such as a state or local<br/>government, school district, or<br/>prison) that receives agricultural<br/>program payments</li> </ol> | The public entity                                                                                           |
| 14. Grantor trust filing under the Form<br>1041 Filing Method or the Optional<br>Form 1099 Filing Method 2 (see<br>Regulation section 1.671-4(b)(2)(h(B))                                                                       | The trust                                                                                                   |

List first and circle the name of the person whose number you furnish. If only one person on a loth account has an SSN, that person's number must be furnished.

Note, if no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

#### Secure Your Tax Records from Identity Theft

Identity theft occurs when eomeone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other orimes. An identity this may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- · Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you ere at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS identity Theft Hotling at 1-800-908-4490 or eubmit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Violims of identity theft who are experiencing economic harm or a eystem problem, or are seeking help in resolving tax problems that have not been received through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-229-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is eending an email to a user falsely cleiming to be an established legitimate enterprise in an attempt to ecam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request pereonal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit oard, bank, or other financial accounts.

if you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward euspiclous emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS gov to learn more about identity theft and how to reduce your risk.

#### **Privacy Act Notice**

Section 6109 of the Intomal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and oriminal litigation and to cities, states, the District of Columbia, and U.S. possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

<sup>&</sup>lt;sup>2</sup> Circle the minor's name and furnish the minor's 93N.

<sup>&</sup>lt;sup>3</sup> You must show your individual name and you may also enter your business or "DBA" name on the "Business namo/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

Liet first and circle the name of the trust, cetate, or pension must. (Do not turnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account little.) Also see Special rules for partnerships on page 1.

<sup>\*</sup>Note. Granior also must provide a Form W-9 to trustee of trust.

### (Rev. January 2011) Department of the Treasury Internal Revenue Service

#### **Request for Taxpayer Identification Number and Certification**

Give Form to the requester. Do not send to the IRS.

|                                                                                                                                                                                                                                                                                                          | No. 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |              |                 |                     |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------|-----------------|---------------------|--|--|
|                                                                                                                                                                                                                                                                                                          | Name (as shown on your income tax return)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             |              |                 |                     |  |  |
|                                                                                                                                                                                                                                                                                                          | Law Offices of Thomas J. Popovich, P.C.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |              |                 |                     |  |  |
| ય                                                                                                                                                                                                                                                                                                        | Business name/disregarded entity name, if different from above                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |             |              |                 |                     |  |  |
| page                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |              |                 |                     |  |  |
| Print or type<br>See Specific instructions on pa                                                                                                                                                                                                                                                         | Check appropriate box for federal tax                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |              |                 | 1                   |  |  |
|                                                                                                                                                                                                                                                                                                          | alexally at a size C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | [] o        | bla [        | 7               |                     |  |  |
| 2 2                                                                                                                                                                                                                                                                                                      | classification (required): Li Individual/sole proprietor [7] C Corporation S Corporation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ∟ Рал       | meranip L    | Trust/estate    | }                   |  |  |
| ¥.4                                                                                                                                                                                                                                                                                                      | The best of the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the little and the littl |             |              |                 | Exempt payee        |  |  |
| 호현                                                                                                                                                                                                                                                                                                       | Limited flability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) >                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             |              |                 |                     |  |  |
| 草包                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |              |                 | 1                   |  |  |
| 4 2                                                                                                                                                                                                                                                                                                      | ☐ Other (see instructions) ►                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |              |                 | ]                   |  |  |
| 5                                                                                                                                                                                                                                                                                                        | Address (number, street, and apt, or suite no.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Requeste    | r's name ar  | rd address (opt | ionai)              |  |  |
| ڲ                                                                                                                                                                                                                                                                                                        | 3416 W. Elm Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1           |              |                 |                     |  |  |
| φ.                                                                                                                                                                                                                                                                                                       | City, state, and ZiP code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 7           |              |                 |                     |  |  |
| တိ                                                                                                                                                                                                                                                                                                       | McHenry, IL 60050                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |              |                 |                     |  |  |
| ı                                                                                                                                                                                                                                                                                                        | List account number(s) here (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <u> </u>    |              | ·               |                     |  |  |
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| Par                                                                                                                                                                                                                                                                                                      | Taxpayer Identification Number (TIN)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             |              |                 | <del></del>         |  |  |
|                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | S - 1.1.     |                 |                     |  |  |
| to avo                                                                                                                                                                                                                                                                                                   | our TIN in the appropriate box. The TIN provided must match the name given on the "Name<br>d backup withholding. For individuals, this is your social security number (SSN). However, for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | e"line      | Social seci  | urity number    |                     |  |  |
| LealGe                                                                                                                                                                                                                                                                                                   | It alien, sole proprietor, or disregarded entity, see the Part Linstructions on page 3. For other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ur I        |              |                 |                     |  |  |
|                                                                                                                                                                                                                                                                                                          | $\lambda$ it is your employer identification number (EIM). If you do not have a number, see How to $accept$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | et a        |              | <del>"</del>    | ,                   |  |  |
| TIN on                                                                                                                                                                                                                                                                                                   | page 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | _           |              |                 |                     |  |  |
| Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose  Employer identification number                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |              |                 |                     |  |  |
| numbe                                                                                                                                                                                                                                                                                                    | r to enter.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Ī           | ٦٦           |                 |                     |  |  |
|                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | İ           | 3 6 -        | 4 2 7           | 5 0 8 5             |  |  |
| ' Part                                                                                                                                                                                                                                                                                                   | II Certification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             | <del></del>  | <del> </del>    | <del></del>         |  |  |
| Under                                                                                                                                                                                                                                                                                                    | penalties of perjury, i certify that:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |              |                 |                     |  |  |
|                                                                                                                                                                                                                                                                                                          | number shown on this form is my correct taxpayer identification number (or I am waiting for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | r a numba   | r to balee   | und to mal a    | nd                  |  |  |
|                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |              |                 |                     |  |  |
| Ser                                                                                                                                                                                                                                                                                                      | not subject to backup withholding because: (a) I am exempt from backup withholding, or (trice (IRS) that I am subject to backup withholding as a result of a fallure to report all interest                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | b) I have n | ot been no   | otified by the  | Internal Revenue    |  |  |
| no l                                                                                                                                                                                                                                                                                                     | onger subject to backup withholding, and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | or divider  | 108, or (c)  | ine ins nas n   | outied me that I am |  |  |
|                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |              |                 |                     |  |  |
|                                                                                                                                                                                                                                                                                                          | a U.S. citizen or other U.S. person (defined below).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             |              |                 |                     |  |  |
| Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |              |                 |                     |  |  |
| because you have falled to report all interest and dividends on your tax return. For real estate transactions, item 2 does not epply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |              |                 |                     |  |  |
| 2.001010                                                                                                                                                                                                                                                                                                 | ky, Pavillenes Ciner insplinterest and dividence, volt are not required to elap the codification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | to an inaiv | roual retire | ament anang     | ement (IHA), and    |  |  |
| 44 1941 00                                                                                                                                                                                                                                                                                               | lions on page 4.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | i, but you  | iliust piov  | ide your com    | act ma, des um      |  |  |
| Sign                                                                                                                                                                                                                                                                                                     | Signature of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             | 4            |                 | <del></del>         |  |  |
| Here                                                                                                                                                                                                                                                                                                     | 110                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ate >       | 1-1          | 3-14            |                     |  |  |
|                                                                                                                                                                                                                                                                                                          | The spant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             |              | ·····           |                     |  |  |
| Gen                                                                                                                                                                                                                                                                                                      | eral Instructions O Note, If a requester                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | gives you   | a form ot    | her than Forn   | n W-9 to request    |  |  |
| Section references are to the internal Revenue Code with a stantially similar                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |              |                 |                     |  |  |
| noted.                                                                                                                                                                                                                                                                                                   | to this Form W-9.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |              |                 |                     |  |  |

**Purpose of Form** 

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident allen), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
  - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee, if applicable, you are also certifying that as a U.S. person, your affocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- · An individual who is a U.S. citizen or U.S. resident atien,
- · A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States.
- · An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

#### GENERAL RELEASE AND SETTLEMENT AGREEMENT

NOW COMES PAUL DULBERG, and in consideration of the payment of Five-Thousand (\$5,000.00) Dollars to him, by or on behalf of the WILLIAM MCGUIRE and CAROLYN MCGUIRE (aka Bill McGuire; improperly named as Caroline McGuire) and AUTO-OWNERS INSURANCE COMPANY, the payment and receipt of which is hereby acknowledged, PAUL DULBERG does hereby release and discharge the WILLIAM MCGUIRE and CAROLYN MCGUIRE and AUTO-OWNERS INSURANCE COMPANY, and any agents or employees of the WILLIAM MCGUIRE and CAROLYN MCGUIRE and AUTO-OWNERS INSURANCE COMPANY, of and from any and all causes of action, claims and demands of whatsoever kind or nature including, but not limited to, any claim for personal injuries and property damage arising out of a certain chain saw incident that allegedly occurred on or about June 28, 2011, within and upon the premises known commonly as 1016 West Elder Avenue, City of McHenry, County of McHenry, State of Illinois.

IT IS FURTHER AGREED AND UNDERSTOOD that there is presently pending a cause of action in the Circuit Court of the 22<sup>nd</sup> Judicial Circuit, McHenry County, Illinois entitled "Paul Dulberg, Plaintiff, vs. David Gagnon, Individually, and as agent of Caroline McGuire and Bill McGuire, and Caroline McGuire and Bill McGuire, Individually, Defendants", Cause No. 2012 LA 178, and that this settlement is contingent upon WILLIAM McGUIRE and CAROLYN McGUIRE being dismissed with prejudice as parties to said lawsuit pursuant to a finding by the Circuit Court that the settlement between the parties constitutes a good faith settlement for purposes of the Illinois Joint Tortfeasor Contribution Act, 740 ILCS 100/0.01, et seq.

IT IS FURTHER AGREED AND UNDERSTOOD that as part of the consideration for this agreement the undersigned represents and warrants as follows (check applicable boxes):

|   | I was not 65 or older on the date of the occurrence.           |
|---|----------------------------------------------------------------|
|   | I was not receiving SSI or SSDI on the date of the occurrence. |
| □ | I am not eligible to receive SSI or SSDI.                      |
|   | I am not currently receiving SSI or SSDI.                      |

#### IT IS FURTHER AGREED AND UNDERSTOOD:

- a. That any subrogated claims or liens for medical expenses paid by or on behalf of PAUL DULBERG shall be the responsibility PAUL DULBERG, including, but not limited to, any Medicare liens. Any and all reimbursements of medical expenses to subrogated parties, including Medicare's rights of reimbursement, if any, shall be PAUL DULBERG's responsibility, and not the responsibility of the parties released herein.
- b. That any outstanding medical expenses are PAUL DULBERG's responsibility and all payment of medical expenses hereafter shall be PAUL DULBERG's responsibility, and not the responsibility of the parties released

c. That PAUL DULBERG agrees to save and hold harmless and indemnify the parties released herein against any claims made by any medical providers, including, but not limited to Medicare or parties subrogated to the rights to recover medical or Medicare payments.

IT IS FURTHER AGREED AND UNDERSTOOD by the parties hereto that this agreement contains the entire agreement between the parties with regard to materials set forth herein, and shall be binding upon and inure to the benefit of the parties hereto, jointly and severally, and the executors, conservators, administrators, guardians, personal representatives, heirs and successors of each.

IT IS FURTHER AGREED AND UNDERSTOOD that this settlement is a compromise of a doubtful and disputed claim and no liability is admitted as a consequence hereof.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on the dates set forth below.

| Dated:            | PAUL DULBERG                                                                                                                               |
|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| STATE OF ILLINOIS | )                                                                                                                                          |
| COUNTY OF MCHENRY | ) SS.<br>)                                                                                                                                 |
|                   | personally appeared before me this date and acknowledged that she se and Settlement Agreement as his own free act and deed for the uses a. |
| Dated this        | day of January, 2014.                                                                                                                      |
|                   | N                                                                                                                                          |
|                   | Notary Public                                                                                                                              |



HANS A. MAST

JOHN A. KORNAK

# The Law Offices of Thomas J. Popovich P.C.

3416 W. Elm Street

McHenry, Illinois 60050

Telephone: 815.344.3797 FACSIMILE: 815.344.5280

www.popovichlaw.com

MARK J. VOGG

JAMES P. TUTAJ ROBERT J. LUMBER THERESA M. FREEMAN

December 10, 2013

Paul Dulberg 4606 Hayden Court McHenry, IL 60051

> Paul Dulberg vs. David Gagnon, Caroline McGuire and Bill McGuire RE:

McHenry County Case: 12 LA 178

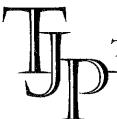
Dear Paul:

Please find enclosed a copy of David Gagnon's transcript taken February 4, 2013 for your review.

Very truly yours,

HANS A. MAST

smq Enclosure



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McHenry, Illinois 60050

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MARK J. VOGG JAMES P. TUTAJ ROBERT J. LUMBER THERESA M. FREEMAN

THOMAS J. POPOVICH HANS A. MAST JOHN A. KORNAK

December 2, 2013

Paul Dulberg 4606 Hayden Court McHenry, IL 60051

RE: Paul Dulberg vs. David Gagnon, Caroline McGuire and Bill McGuire

McHenry County Case: 12 LA 178

Dear Paul:

Please find enclosed a copy of your deposition transcript taken January 24, 2013 for your review.

Very truly yours,

HANS A. MAST

smq Enclosure

### CICERO, FRANCE, BARCH & ALEXANDER, P.C.

A Professional Corporation
Attorneys at Law
6323 EAST RIVERSIDE BOULEVARD
ROCKFORD, ILLINOIS 61114

November 18, 2013

PAUL R. CICERO
JOHN W. FRANCE
RONALD A. BARCH
CHARLES P. ALEXANDER

FAX: (815) 226-7701

TEL: (815) 226-7700

CHANTEL R. BIELSKIS ANDREW T. SMITH

> Attorney Hans A. Mast Law Offices of Thomas J. Popovich, PC 3416 West Elm Street McHenry, IL 60050

> > Case:

Paul Dulberg v. David Gagnon, Caroline McGuire and Bill McGuire (McHenry County Case No. 12 LA 178)

#### **Issued For Settlement Purposes Only**

Dear Mr. Mast:

I am writing to confirm our telephone conversation earlier this morning, wherein I advised you that I was authorized to propose settlement of Mr. Dulberg's claim against Carolyn and Bill McGuire for a lump-sum total of \$5,000.00. The settlement would of course be contingent upon customary settlement documents, including a release, a good faith settlement finding and dismissal.

Pursuant to your request, I searched my file materials for lien notices. The only notice of lien contained in my file at this time is your Attorney's Lien (enclosed). I have asked my contact at Auto-Owners Insurance Company to confirm no lien notices have arrived on his end since Mr. Dulberg's case was assigned to me for the defense of Mr. and Mrs. McGuire. I do not anticipating any lien notices, but just wanted to be safe.

I understand that you intend to run my settlement proposal by Mr. Dulberg. I look forward to hearing from you once you have had a chance to confer with him.

Very truly yours,

RONALD A. BARCH

RB:mj\37ltr.HAM

c Tom Malatia (Claim No. 13-2779-11)

Encl.



HANS A. MAST

JOHEN A. KORNAK

### The Law Offices of Thomas J. Popovich P.C.

3416 W. Elm Street McHenry, Illinois 60050

Telephone: 815.344.3797

FACSIMILE: 815.344.5280

www.popovichlaw.com

MARK J. VOGG JAMES P. TUTAJ ROBERT J. LUMBER THERESA M. FREEMAN

November 5, 2013

Paul Dulberg 4606 Hayden Court McHenry, IL 60051

RE: Paul Dulberg vs. David Gagnon, Caroline McGuire and Bill McGuire

McHenry County Case: 12 LA 178

Dear Paul:

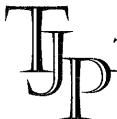
Please find enclosed the deposition notes from Dr. Sagerman's deposition taken October 15, 2013 regarding your care and treatment for your review.

Be advised that Dr. Ford's deposition is currently scheduled for November 20, 2013.

Very truly yours,

HANS A. MAST

smq Enclosure



HANS A. MAST

JOHN A. KORNAK

## The Law Offices of Thomas J. Popovich P.C.

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MARK J. VOGG JAMES P. TUTAJ ROBERT J. LUMBER THERESA M. FREEMAN

November 5, 2013

Paul Dulberg 4606 Hayden Court McHenry, IL 60051

RE: Paul Dulberg vs. David Gagnon, Caroline McGuire and Bill McGuire

McHenry County Case: 12 LA 178

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HANS A. MAST

smq Enclosure



HANS A. MAST

JOHEN A. KORNAK

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www.popovichlaw.com

MARK J. VOGG JAMES P. TUTAJ ROBERT J. LUMBER THERESA M. FREEMAN

September 6, 2013

Paul Dulberg 4606 Hayden Court McHenry, IL 60051

RE: Paul Dulberg vs. David Gagnon, Caroline McGuire and Bill McGuire

McHenry County Case: 12 LA 178

Dear Paul:

Please be advised that the defense has scheduled the depositions of your treaters as follows:

Dr. Levin on October 1, 2013;

Dr. Sagerman on October 15, 2013; and

Dr. Talerico on October 16, 2013.

If you have any questions, please feel free to call.

Very truly yours,

HANS A. MAST

smq



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McHenry, Illinois 60050 Telephone: 815.344.3797

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MARK J. VOGG JAMES P. TUTAJ ROBERT J. LUMBER THERESA M. FREEMAN

THOMAS J. POPOVICH HANS A. MAST JOHN A. KORNAK

September 6, 2013

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McHenry County Case: 12 LA 178

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Dr. Talerico on October 16, 2013.

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Very truly yours,

HANS A. MAST

smq



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MARK J. VOGG JAMES P. TUTAJ ROBERT J. LUMBER THERESA M. FREEMAN

THOMAS J. POPOVICH HANS A. MAST JOHEN A. KORNAK

August 29, 2013

Paul Dulberg 4606 Hayden Court McHenry, IL 60051

RE: Paul Dulberg vs. David Gagnon, Caroline McGuire and Bill McGuire

McHenry County Case: 12 LA 178

Dear Paul:

Please find enclosed your medical expense report itemizing your medical bills related to the underlying occurrence in the amount of \$53,974.33.

Please review the medical expense report and advise me if there are any bills that we are missing related to your care in this case.

Very truly yours,

CHAINS A. MAS

smq Enclosure



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MARK J. VOGG JAMES P. TUTAJ ROBERT J. LUMBER THERESA M. FREEMAN

THOMAS J. POPOVICH HANS A. MAST JOHN A. KORNAK

August 29, 2013

Paul Dulberg 4606 Hayden Court McHenry, IL 60051

RE: Paul Dulberg vs. David Gagnon, Caroline McGuire and Bill McGuire

McHenry County Case: 12 LA 178

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Please review the medical expense report and advise me if there are any bills that we are missing related to your care in this case.

Very truly yours,

smq

Enclosure

<u>Waukegan Office</u> 210 North Martin Luther King Jr. Avenue Dwogles (11, 60085 Waukegan, 11, 60085

# MEDICAL EXPENSE REPORT PAUL DULBERG

DATE OF ACCIDENT: JUNE 28, 2011

DATE OF REPORT: MAY 20, 2013

#### MEDICAL EXPENSES

#### Paul Dulberg

Date of Accident: June 28, 2011

Date of Report: May 20, 2013

| Moraine Emergency Physicians PO Box 8759 Philadelphia, PA 19101-8759 800-355-2470 - Acct. MN1711179003233 06/28/11                                                                                                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Northern Illinois Medical Center 4201 Medical Center Drive McHenry, IL 60050-8409 815-344-5000 - Acct. 11179-00323 06/28/11                                                                                                                                                                                                           |
| McHenry Radiologists Imaging Associates PO Box 220 McHenry, IL 60051-0220 815-759-0800 - Acct, 235130-QMRIG 06/28/11                                                                                                                                                                                                                  |
| Dr. Frank W. Sek         4606 W. Elm Street         McHenry, IL 60050         815-385-0164         07/01/11       \$80.00         07/08/11       80.00         01/14/12       80.00         02/13/12       80.00         03/13/13       100.00         04/24/13       90.00         08/06/12       80.00         Total       \$590.00 |
| Associated Neurology SC Attn: Dr. Levin 1900 Hollister Drive Suite 250 Libertyville, IL 60048                                                                                                                                                                                                                                         |

| 847-549-0055 - Chart # 18062  07/28/11 \$225.00  08/10/11 930.00  01/30/12 105.00  02/13/12 75.00  03/13/12 1,415.00  05/16/12 75.00  02/04/13 115.00  Total \$2,940.00 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MidAmerica Hand to Shoulder Clinic                                                                                                                                      |
| Dr. Talerico                                                                                                                                                            |
| 75 Remittance Drive Suite 6035                                                                                                                                          |
| Chicago, IL 60675                                                                                                                                                       |
| 708-237-7200 - Acct. 1002454                                                                                                                                            |
| 12/02/11 \$230.00                                                                                                                                                       |
| 01/06/12 <u>160.00</u>                                                                                                                                                  |
| Total                                                                                                                                                                   |
| Dynamic Hand Therapy & Rehab 498 S US Highway 12 Suite C Fox Lake, IL 60020 847-587-3301 - Acct. 0042000185 12/06/11 thru 03/12/13\$26,005.00\$26,005.00                |
| Open Advanced MRI of Round Lake                                                                                                                                         |
| Medchex Po B 500                                                                                                                                                        |
| PO Box 502<br>Katohah, NY 10536                                                                                                                                         |
| 866-959-1100 - Acet. 265065                                                                                                                                             |
| 02/03/12                                                                                                                                                                |
| Hand Surgery Associates, SC Dr. Sagerman/Dr. Biafora                                                                                                                    |
| 515 W. Algonquin Road                                                                                                                                                   |
| Arlington Heights, IL 60005                                                                                                                                             |
| 847-956-0099 - Acct. 80330                                                                                                                                              |
| 04/02/12                                                                                                                                                                |
| 05/14/12                                                                                                                                                                |
| 05/17/12                                                                                                                                                                |
| 07/09/12                                                                                                                                                                |
| 10/22/12                                                                                                                                                                |

| 12/03/12                                                                                                      |
|---------------------------------------------------------------------------------------------------------------|
| Northwest Community Hospital<br>25709 Network Place<br>Chicago, IL 60673                                      |
| 847-618-4747 - Acct. 71265382<br>07/09/12                                                                     |
| Northwest Suburban Anesthesiologist, Ltd<br>8163 Solutions Center<br>Chicago, IL 60677-8001                   |
| 800-709-2715 - Acet. 71265382<br>07/09/12                                                                     |
| Walgreens 3925 W. Elm Street McHenry, IL 60050 815-363-0722                                                   |
| 06/28/11 \$48.68 \$48.68                                                                                      |
| Walmart Pharmacy 3801 Running Brook Farms Blvd.  Johnsburg, IL 60051  05/16/12                                |
| 06/11/12       126.08         07/09/12       16.11         07/19/12       21.15         08/02/12       126.08 |
| 10/02/12                                                                                                      |
| 02/09/13                                                                                                      |
|                                                                                                               |
| TOTAL EXPENSES:                                                                                               |
| Misc Expenses  Medical Supplies                                                                               |
| TOTAL ALL EXPENSES                                                                                            |



HANS A. MAST

JOHN A. KORNAK

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3416 W. Elm Street

McHenry, Illinois 60050

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FACSIMILE: 815.344.5280

www.popovichlaw.com

August 14, 2013

MARK J. VOGG JAMES P. TUTAJ ROBERT J. LUMBER THERESA M. FREEMAN

Paul Dulberg 4606 Hayden Court McHenry, IL 60051

RE: Paul Dulberg vs. David Gagnon, Caroline McGuire and Bill McGuire

McHenry County Case: 12 LA 178

Dear Paul:

Please be advised that the defense is in the process of scheduling the depositions of Drs. Sagerman, Levin, Talerico and Ford.

That will probably take some time to complete. In the meantime, please advise if you have any other questions regarding the status of your case.

Very truly yours,

HANS X. MAST



HANS A. MAST

JOHN A. KORNAK

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McHenry, Illinois 60050

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FACSIMILE: 815.344.5280

www.popovichlaw.com

MARK J. VOGG JAMES P. TUTAJ ROBERT J. LUMBER THERESA M. FREEMAN

May 31, 2013

Paul Dulberg 4606 Hayden Court McHenry, IL 60051

> Paul Dulberg vs. David Gagnon, Caroline McGuire and Bill McGuire RE:

McHenry County Case: 12 LA 178

Dear Paul:

Defense counsel would like to depose Mike Thomas. Do you know where he is located?

Please contact me to discuss.

Very truly yours,



HANS A. MAST

JOHN A. KORNAK

## The Law Offices of Thomas J. Popovich P.C.

3416 W. Elm Street

McHenry, Illinois 60050

Telephone: 815.344.3797 Facsimile: 815.344.5280

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MARK J. VOGG JAMES P. TUTAJ ROBERT J. LUMBER THERESA M. FREEMAN

May 31, 2013

Paul Dulberg 4606 Hayden Court McHenry, IL 60051

RE: Paul Dulberg vs. David Gagnon, Caroline McGuire and Bill McGuire

McHenry County Case: 12 LA 178

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Very truly yours,

HANS Å. MAST



HANS A. MAST

JOHAN A. KORNAK

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www.popovichlaw.com

MARK J. VOGG JAMES P. TUTAJ ROBERT J. LUMBER THERESA M. FREEMAN

May 28, 2013

Paul Dulberg 4606 Hayden Court McHenry, IL 60051

RE: Paul Dulberg vs. David Gagnon, Caroline McGuire and Bill McGuire

McHenry County Case: 12 LA 178

Dear Paul:

Please find enclosed your medical expense report itemizing your medical bills related to the underlying occurrence in the amount of \$53,974.33.

Please review the medical expense report and advise me if there are any bills that we are missing related to your care in this case.

[/]

HANS A. MAST

smq Enclosure



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MARK J. VOGG JAMES P. TUTAJ ROBERT J. LUMBER THERESA M. FREEMAN

THOMAS J. POPOVICH HANS A. MAST JOHN A. KORNAK

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smq Enclosure

# MEDICAL EXPENSE REPORT PAUL DULBERG

DATE OF ACCIDENT: JUNE 28, 2011

DATE OF REPORT: MAY 20, 2013

#### MEDICAL EXPENSES

#### Paul Dulberg

Date of Accident: June 28, 2011

Date of Report: May 20, 2013

| Moraine Emergency Physicians PO Box 8759 Philadelphia, PA 19101-8759 800-355-2470 - Acct. MNI711179003233 06/28/11                                                                                                                                                                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Northern Illinois Medical Center 4201 Medical Center Drive McHenry, IL 60050-8409 815-344-5000 - Acct. 11179-00323 06/28/11                                                                                                                                                                                                             |
| McHenry Radiologists Imaging Associates PO Box 220 McHenry, IL 60051-0220 815-759-0800 - Acct. 235130-QMRIG 06/28/11                                                                                                                                                                                                                    |
| Dr. Frank W. Sek         4606 W. Elm Street         McHenry, IL 60050         815-385-0164         07/01/11       \$80.00         07/08/11       80.00         01/14/12       80.00         02/13/12       80.00         03/13/13       100.00         04/24/13       90.00         08/06/12       80.00         Total       \$590.00 ✓ |
| Associated Neurology SC Attn: Dr. Levin 1900 Hollister Drive Suite 250 Libertyville, IL 60048                                                                                                                                                                                                                                           |

| 847-549-0055 - Chart # 18062  07/28/11 \$225.00  08/10/11 930.00  01/30/12 105.00  02/13/12 75.00  03/13/12 1,415.00  05/16/12 75.00  02/04/13 115.00  Total \$2,940.00                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MidAmerica Hand to Shoulder Clinic Dr. Talerico 75 Remittance Drive Suite 6035 Chicago, IL 60675 708-237-7200 - Acct. 1002454  12/02/11                                                                                              |
| Dynamic Hand Therapy & Rehab 498 S US Highway 12 Suite C Fox Lake, IL 60020 847-587-3301 - Acct. 0042000185 12/06/11 thru 03/12/13 \$26,005.00                                                                                       |
| Open Advanced MRI of Round Lake Medchex PO Box 502 Katohah, NY 10536 866-959-1100 - Acct. 265065 02/03/12                                                                                                                            |
| Hand Surgery Associates, SC Dr. Sagerman/Dr. Biafora 515 W. Algonquin Road Arlington Heights, IL 60005 847-956-0099 - Acct. 80330 04/02/12 \$116.00 05/14/12 90.00 05/17/12 116.00 06/06/12 171.00 07/09/12 8,338.00 10/22/12 116.00 |

| 12/03/12                                                                                                                                                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Northwest Community Hospital 25709 Network Place Chicago, IL 60673 847-618-4747 - Acct. 71265382 07/09/12                                                                                                                                    |
| Northwest Suburban Anesthesiologist, Ltd 8163 Solutions Center Chicago, IL 60677-8001 800-709-2715 - Acct. 71265382 07/09/12                                                                                                                 |
| Walgreens 3925 W. EIm Street McHenry, IL 60050 815-363-0722 06/28/11 \$48.68 \$48.68                                                                                                                                                         |
| Walmart Pharmacy 3801 Running Brook Farms Blvd.  Johnsburg, IL 60051  05/16/12 \$25.79  06/11/12 126.08  07/09/12 16.11  07/19/12 21.15  08/02/12 126.08  10/02/12 126.08  11/16/12 126.78  12/28/12 126.54  02/09/13 126.68  Total \$821.29 |
| TOTAL EXPENSES:                                                                                                                                                                                                                              |
| Misc Expenses  Medical Supplies                                                                                                                                                                                                              |
| TOTAL ALL EXPENSES                                                                                                                                                                                                                           |

#### IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUDICIAL DISTRICT McHENRY COUNTY, ILLINOIS

PAUL DULBERG,

Plaintiff(s),

CASE NO. 12LA000178

VS.

DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually,

Defendant(s).

#### NOTICE OF NAME CHANGE

TO: Hans A. Mast Law Offices of Thomas J. Popovich, P.C. 3416 W Elm St McHenry IL 60050

Attorney for Plaintiff(s) Paul Dulberg

Cicero, France, Barch & Alexander PC 6323 East Riverside Blvd Rockford, IL 61114

Attorney for Co-Defendants, Caroline and Bill McGuire



YOU ARE HEREBY NOTIFIED, that effective April 15, 2013, the Law Office of M. Gerard Gregoire will change its name, address and fax number to:

> LAW OFFICE OF STEVEN A. LIHOSIT 200 N. LaSalle St., Ste 2550 Chicago, IL 60601

Telephone: 312-558-9800

Facsimile: 877-715-9317

#### PROOF OF SERVICE BY MAIL

I, PERRY A. ACCARDO, the attorney, certify that I served this notice by mailing a copy to the above named attorney(s), at the above address(s), and depositing the same in the U.S. mail at 200 North LaSalle St, Ste 2650, Chicago, Illinois, at 4:30 p.m., on \_\_\_\_\_\_\_\_, with proper postage prepaid.

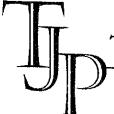
LAW OFFICE OF STEVEN A. LIHOSIT 200 N. LaSalle St., Ste 2550

Chicago, IL 60601

Telephone: 312-558-9821

ATTORNEY/Bar Number: 6228720

Signature



HASINS A. MAST

JO'AN A. KORNAK

## The Law Offices of Thomas J. Popovich P.C.

3416 W. ELM STREET

McHenry, Illinois 60050

Telephone: 815.344.3797

FACSIMILE: 815.344.5280

www.popovichlaw.com

MARK J. VOGG JAMES P. TUTAJ ROBERT J. LUMBER THERESA M. FREEMAN

February 19, 2013

Dynamic Hand Therapy & Rehab 498 S. US Hwy 12, Suite C Fox Lake, IL 60020

RE: Patient:

Paul Dulberg

Patient No.:

0042000185

Dear Dynamic Hand Therapy:

Enclosed please find an executed letter of protection signed by my client, Paul Dulberg. Please feel free to forward a lien to my attention and I would be happy to honor it for purposes of settlement and/or recovery obtained in this case.

Thank you for your cooperation.

Very truly yours,

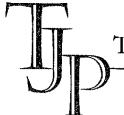


smq Enclosure

c:

Paul Dulberg

S:\Main\DULBERG, PAUL\Letters\Letter to Dynamic Hand Therapy 2-19-13.wpd



HANS A. MAST

JOHN A. KORNAK

## The Law Offices of Thomas J. Popovich P.C.

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February 19, 2013

Dynamic Hand Therapy & Rehab 498 S. US Hwy 12, Suite C Fox Lake, IL 60020

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Patient:

Paul Dulberg

Patient No.:

0042000185

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Thank you for your cooperation.

Very truly yours,



smq

Enclosure

c:

Paul Dulberg



3416 W. ELM STREET

McHenry, Illinois 60050

Telephone: 815.344.3797

FACSIMILE: 815.344.5280

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MARK J. VOGG JAMES P. TUTAJ ROBERT J. LUMBER THERESA M. FREEMAN

THOMAS J. POPOVICH HANS A. MAST JOHN A. KORNAK

February 11, 2013

Paul Dulberg 4606 Hayden Court McHenry, IL 60051

> RE: Paul Dulberg vs. David Gagnon, Caroline McGuire and Bill McGuire

McHenry County Case: 12 LA 178

Dear Paul:

Please be advised that I just completed the deposition of David Gagnon. David Gagnon is a very interesting character. He testified pretty much as expected. He testified that during the branch cutting you had chosen to hold the branch out in front of you with your left arm and with your right arm down by your side. He said that when he went to cut a limb off the branch you unexpectedly reached over with your right arm and grabbed onto the branch below the cutting point. He did not expect you to do this and therefore, as he cut the branch he also "nipped" your arm. He doesn't believe that he did anything wrong in attempting to cut the branch.

Obviously, this case is going to come down to your word against David's word. With your testimony, it seemed very clear that David was negligent in operating the chainsaw to cause it to strike your right forearm. Unfortunately, David's version of the accident is much different. Given the conflict in the testimony, it is difficult to determine how a jury will ultimately decide liability in this case. If the jury decides for you, you will obviously win. However, if the jury finds for Mr. Gagnon, you will lose. One additional factor is that David testified that you stated after the fall "I may never have to work the rest of my life" and that you urged him to help by offering favorable testimony. If true, this could be problematic to the case.

We have the depositions of Mr. and Mrs. McGuire in a few weeks. I will keep you advised.

Very truly/yours,

<del>S'</del>A. MAST

E-MALL RESPONSE

S:\Main\DULBERG, PAUL\Letters\Letter to client 2-6-13.wod

Waukegan Office 210 North Martin Luther KING JR. AVENUE Dulber W 4062902AN, IL 60085



HANS A. MAST

JOHN A. KORNAK

#### The Law Offices of Thomas J. Popovich P.C.

3416 W. Elm Street

McHenry, Illinois 60050

Telephone: 815.344.3797 FACSIMILE: 815.344.5280

www.popovichlaw.com

MARK J. VOGG JAMES P. TUTAJ ROBERT J. LUMBER

THERESA M. FREEMAN

February 11, 2013

Paul Dulberg 4606 Hayden Court McHenry, IL 60051

Paul Dulberg vs. David Gagnon, Caroline McGuire and Bill McGuire

McHenry County Case: 12 LA 178

#### Dear Paul:

Please be advised that I just completed the deposition of David Gagnon. David Gagnon is a very interesting character. He testified pretty much as expected. He testified that during the branch cutting you had chosen to hold the branch out in front of you with your left arm and with your right arm down by your side. He said that when he went to cut a limb off the branch you unexpectedly reached over with your right arm and grabbed onto the branch below the cutting point. He did not expect you to do this and therefore, as he cut the branch he also "nipped" your arm. He doesn't believe that he did anything wrong in attempting to cut the branch.

Obviously, this case is going to come down to your word against David's word. With your testimony, it seemed very clear that David was negligent in operating the chainsaw to cause it to strike your right forearm. Unfortunately, David's version of the accident is much different. Given the conflict in the testimony, it is difficult to determine how a jury will ultimately decide liability in this case. If the jury decides for you, you will obviously win. However, if the jury finds for Mr. Gagnon, you will lose. One additional factor is that David testified that you stated after the fall "I may never have to work the rest of my life" and that you urged him to help by offering favorable testimony. If true, this could be problematic to the case.

E-MAKL RESPONSE We have the depositions of Mr. and Mrs. McGuire in a few weeks. I will keep you advised.

Very truly/yours,

S:\Main\DULBERG, PAUL\Letters\Letter to client 2-6-13.wpd

WAUKEGAN OFFICE 210 NORTH MARTIN LUTHER KING JR. AVENUE Dutkerg\_00627,31L 60085



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MARK J. VOGG JAMES P. TUTAJ ROBERT J. LUMBER THERESA M. FREEMAN

THOMAS J. POPOVICH
H\_ANS A. MAST
JOHN A. KORNAK

February 8, 2013

Paul Dulberg 4606 Hayden Court McHenry, IL 60051

RE: Paul Dulberg vs. David Gagnon, Caroline McGuire and Bill McGuire

McHenry County Case: 12 LA 178

Dear Paul:

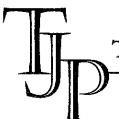
Please find enclosed an Authorization for us to obtain medical records on your behalf. Please sign the form and return it to me in the enclosed self-addressed stamped envelope at your earliest convenience.

Thank you for your cooperation.

Very truly yours

HANS A. MAST

smq Enclosure Gigned 2-13-13



HANS A. MAST

JOHN A. KORNAK

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February 8, 2013

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> Paul Dulberg vs. David Gagnon, Caroline McGuire and Bill McGuire RE:

McHenry County Case: 12 LA 178

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smq Enclosure Giornal 2 13-13



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MARK J. VOGG JAMES P. TUTAJ ROBERT J. LUMBER THERESA M. FREEMAN

THOMAS J. POPOVICH
HANS A. MAST
JOHN A. KORNAK

November 28, 2012

Paul Dulberg 4606 Hayden Court McHenry, IL 60051

RE: Paul Dulberg vs. David Gagnon, Caroline McGuire and Bill McGuire

McHenry County Case: 12 LA 178

Dear Paul:

Please be advised that the defense has scheduled your deposition to take place on December 27, 2012 at 1:30 p.m. at our office in McHenry. Please contact my assistant, Sheila upon receipt of this letter to confirm your availability for this date and to schedule a meeting with me one week prior to your deposition date so that I may prepare you for your testimony.

I look forward to meeting with you soon.

Very truly yours,

21 st 10 AM. Zhrs.

HANS A. MAST

smq

S:\Main\DULBERG, PAUL\Lctters\Letter to effect re dep 11-28-12.wpd



3416 W. Elm Street

McHenry, Illinois 60050

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Mark J. Vogg James P. Tutaj

JAMES P. TUTAJ ROBERT J. LUMBER

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THOMAS J. POPOVICH HANS A. MAST JOHN A. KORNAK

November 28, 2012

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HANS A. MAST

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MARK J. VOGG JAMES P. TUTAJ ROBERT J. LUMBER THERESA M. FREEMAN

October 17, 2012

Paul Dulberg 4606 Hayden Court McHenry, IL 60051

> RE: Paul Dulberg vs. David Gagnon, Caroline McGuire and Bill McGuire

McHenry County Case: 12 LA 178

Dear Paul:

Please find enclosed an Authorization to Furnish Medical/Employment Information form to obtain medical records on your behalf. Please sign the form and return it to me in the enclosed selfaddressed stamped envelope at your earliest convenience.

Thank you for your cooperation.

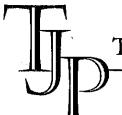
Very truly yours,

HANS A. MAST

smq Enclosure

S.\Main\DULBERG, PAUL\Letters\Letter to client re auth 10-17-12.wpd

Hone 29-12



HANS A. MAST

JOHN A. KORNAK

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HANS A. MAST

smq Enclosure

S:\Mnin\OULBERG, PAUL\Letters\Letter to effent re auth 10-17-12,wpd

Done 9-12



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MARK J. VOGG JAMES P. TUTAJ ROBERT J. LUMBER THERESA M. FREEMAN

THOMAS J. POPOVICH
HAN'S A. MAST
JOHN A. KORNAK<sup>†</sup>
DIANA M. REITER

September 12, 2012

Paul Dulberg 4606 Hayden Court McHenry, IL 60051

RE: Paul Dulberg vs. David Gagnon, Caroline McGuire and Bill McGuire

McHenry County Case: 12 LA 178

#### Dear Paul:

Please find enclosed your medical expense report itemizing your medical bills related to the underlying occurrence in the amount of \$40,633.21.

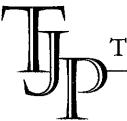
Please review the medical expense report and advise me if there are any bills that we are missing related to your care in this case.

117

HANS A. MAST

smq Enclosures

S:\Main\DULBERG, PAUL\Letters\Letter to client ro MER 9-12-12.wpd



3416 W. Elm Street

McHenry, Illinois 60050

Telephone: 815.344.3797

FACSIMILE: 815.344.5280

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MARK J. VOGG JAMES P. TUTAJ ROBERT J. LUMBER THERESA M. FREEMAN

THOMAS J. POPOVICH HANS A. MAST JOHN A. KORNAK<sup>†</sup> DIANA M. REITER

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truly yours,

1

KANS A. MAST

smq Enclosures

S:\Main\DULBHRG, PAUL\Letters\Letter to client re MER 9-12-12.wpd



3416 W. Elm Street

McHenry, Illinois 60050

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MARK J. VOGG JAMES P. TUTAJ ROBERT J. LUMBER THERESA M. FREEMAN

THO MAS J. POPOVICH HAN'S A. MAST JOHN A. KORNAK<sup>†</sup> DIANA M. REITER

August 9, 2012

Paul Dulberg 4606 Hayden Court McHenry, IL 60051

RE: Paul Dulberg vs. David Gagnon, Caroline McGuire and Bill McGuire

McHenry County Case: 12 LA 178

#### Dear Paul:

Please find enclosed HIPAA Records Release Authorization to obtain medical records on your behalf. Please sign the form and return it to me in the enclosed self-addressed stamped envelope at your earliest convenience.

Also, please find enclosed supplemental interrogatories (written questions) from defense counsel to answer. Please contact me upon receipt of this letter to answer the written questions.

Thank you for your cooperation.

very irony yours,

HANS A. MAST

smq

**Enclosures** 

S:\Main\DULBERO, PAUL\Letters\Letter to client re auth 8-9-12.wpd

## STATE OF ILLINOIS IN THE CIRCUIT COURT OF THE 22<sup>ND</sup> JUDICIAL CIRCUIT COUNTY OF MoHENRY

| PAUL DULBERG,                                                                                                                       | )       |                    |
|-------------------------------------------------------------------------------------------------------------------------------------|---------|--------------------|
| Plaintiff,                                                                                                                          | )       | Case No. 12 LA 178 |
| VS.                                                                                                                                 | )       |                    |
| DAVID GAGNON, Individually, and as Agent of CAROLINE MCGUIRE and BILL MCGUIRE, and CAROLINE MCGUIRE and BILL MCGUIRE, Individually, | ) ) ) ) |                    |
| Defendants,                                                                                                                         | )       |                    |

## <u>DEFENDANT'S SUPPLEMENTAL INTERROGATORIES TO PLAINTIFF</u> (Medicare Secondary Payer Mandatory Reporting)

TO: Paul Dulberg c/o Attorney Hans A. Mast Law Offices of Thomas J. Popovich 3416 West Elm Street McHenry, IL 60050

The Defendants, BILL McGUIRE and CAROLYN McGUIRE, by their attorneys, Cicero, France, Barch & Alexander, PC, hereby propounds the following supplemental written interrogatories upon PAUL DULBERG to be answered in writing and under oath within the time required by law based upon information available to him.

NOTE: The information requested through the following supplemental interrogatories is necessary so that the Defendants and any insurer of the Defendants can comply with the Medicare reporting obligations. See 42 U.S.C. 1395y(b)(7) & (b)(8), referred to commonly as the Medicare Secondary Payer Mandatory Reporting Provisions of Section 111 of the Medicare, Medicaid and SCHIP Extension Act of 2007.



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MARK J. VOGG JAMES P. TUTAJ ROBERT J. LUMBER THERESA M. FREEMAN

THOMAS J. POPOVICH HANS A. MAST JOHN A. KORNAK<sup>†</sup> DIANA M. REITER

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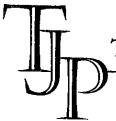
Very truly yours

HANS A. MAST

smq

**Enclosures** 

S:\Main\DULBERG, PAUL\Letters\Letter to effent re auth 8-9-12.wpd



HANS A. MAST

JOHN A. KORNAK

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McHenry, Illinois 60050

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FACSIMILE: 815.344.5280

www.popovichlaw.com

MARK J. VOGG ROBERT J. LUMBER

October 7, 2014

Paul Dulberg 4606 Hayden Court McHenry, IL 60051

> RE: Paul Dulberg vs. David Gagnon, Caroline McGuire and Bill McGuire

McHenry County Case: 12 LA 178

Dear Paul:

Please find enclosed your updated medical expense report itemizing your medical bills related to the underlying occurrence in the amount of \$58,367.72.

Please review the medical expense report and advise me if there are any bills that we are missing related to your care in this case.

HANS A. MAST

smq Enclosure



3416 W. Elm Street

McHenry, Illinois 60050

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Mark J. Vogg Robert J. Lumber

THOMAS J. POPOVICH HANS A. MAST JOHN A. KORNAK

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Телерноме: 815.344.3797

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MARK J. VOGG ROBERT J. LUMBER

T HOMAS J. POPOVICH
FJANS A. MAST
J OHN A. KORNAK

September 22, 2014

Paul Dulberg 4606 Hayden Court McHenry, IL 60051

RE: Paul Dulberg vs. David Gagnon, Caroline McGuire and Bill McGuire

McHenry County Case: 12 LA 178

#### Dear Paul:

Just for purposes of an update, we did appear for the discovery deposition of Dr. Kujawa. She did a good job in describing your current limitations and issues with respect to the nerve damage you suffered from the chainsaw accident. She apparently saw you September 25, 2013. I understand that this was the only time she has seen you. You may want to continue to follow up with her.

As we discussed in the past, I do not feel that this is the sort of case that I want to try before a jury. I simply do not believe that we have strong enough evidence on the issue of liability to proceed to trial. I am happy to try to try to work to settle the case. Unfortunately, defense counsel has not shown any interest in settling the case - because he too knows the evidence will be challenging for us.

You have two options at this point. You can contact other attorneys in the area to see if they are willing to substitute in the case and proceed as your attorney to trial on the matter. To assist you in retaining other counsel, I am happy to discuss a release of our attorney's lien, but maintain a right to recover any costs that we have paid thus far. By "releasing" our lien, that would mean that we have been representing for no charge up to this point which should prove a great savings to you if and when the case is resolved or settled in the future.

Your second option is to just allow us to continue on in representing you on the claim and continue to pursue potential settlement. If the case, however, cannot be settled, we would not go to trial but instead we would dismiss the case with leave to refile it within one year to give you some additional time to retain other counsel.

Please let me know how you wish to proceed at this time.

Very truly yours,

HANS AV MAST

 $\operatorname{smq}$ 



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MARK J. VOGG JAMES P. TUTAJ ROBERT J. LUMBER THERESA M. FREEMAN

THOM: AS J. POPOVICH
HANS A. MAST
JOHN A. KORNAK

February 20, 2014

Paul Dulberg 4606 Hayden Court McHenry, IL 60051

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McHenry County Case: 12 LA 178

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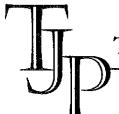
Please find enclosed an Authorization to Alexian Brothers Neurosciences Institute form to obtain medical records on your behalf. Please sign the form and return it to me in the enclosed self-addressed stamped envelope at your earliest convenience.

Thank you for your cooperation.

Very truly yours,

HANS A. MAST

sınq Enclosure Disput 2/21/14
Amuled
Mailed



THOMAS J. POPOVICH

HANS A. MAST

JOHN A. KORNAK

## The Law Offices of Thomas J. Popovich P.C.

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MANS A. MAST

smq Enclosure Difficultant 2/22/14
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P1

Feb 4 2014 10:12am

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i:Law Offices T Popovich

TT! Number:1-815-344-5280

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LAW OFFICES OF THOMAS J. POPOVICH, P.C.

3416 West Elm Street McHenry, IL 60050 Telephone: 815-344-3797

PERSONAL & CONFIDENTIAL TELECOPY COVER SHEET

Facsimile: 815-344-5280

| DATE: 2.4.14                                                                                                  |                                        |
|---------------------------------------------------------------------------------------------------------------|----------------------------------------|
| TO: Marleen                                                                                                   |                                        |
| FACSIMILE: 815/226-7701                                                                                       |                                        |
| FROM: Sheila                                                                                                  |                                        |
| LAW OFFICES OF THOMAS J. POPOVICH, P.C. 3416 West Elm Street McHenry, IL 60050 815-344-3797 Fax: 815-344-5280 |                                        |
| NUMBER OF PAGES: (INCLUDING COVER SHEET)                                                                      |                                        |
| MESSAGE: Dulberg                                                                                              | ······································ |
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|                                                                                                               | <del></del>                            |
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CONFIDENTIALITY NOTICE

THE INFORMATION CONTAINED IN THIS FAX AND ANY ACCOMPANYING DOCUMENTS ARE ATTORNEY PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR USE BY THE ADDRESSEE. IF YOU ARE NOT THE INTENDED RECIPIENT, OR THE EMPLOYEE OR AGENT RESPONSIBLE TO DELIVER TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS IN ERROR, PLEASE RETURN THE ORIGINALS TO THE SENDER VIA THE U.S. POSTAL SERVICE. THANK YOU.

## Form W-9

(Rev. January 2011)
Department of the Treasury
Internal Rovenue Service

# Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

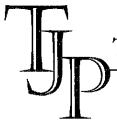
| Departi                                            | Hant of the Treasury   Roweriue Service                                                                                                                                                                 |                                                       |                                                             |                                          |  |  |  |  |
|----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------|------------------------------------------|--|--|--|--|
|                                                    | Name (as shown on your income tax return)                                                                                                                                                               |                                                       |                                                             |                                          |  |  |  |  |
|                                                    | Law Offices of Thomas J. Popovi                                                                                                                                                                         | ch, P.C.                                              |                                                             |                                          |  |  |  |  |
| 2                                                  | Business name/disregarded entity name, it different from above                                                                                                                                          |                                                       |                                                             |                                          |  |  |  |  |
| 96                                                 |                                                                                                                                                                                                         |                                                       |                                                             | Γ                                        |  |  |  |  |
| ğ                                                  | Check appropriate box for federal tax                                                                                                                                                                   | S Corporation P                                       | artnership Trust/estate                                     | 1                                        |  |  |  |  |
| ŏ                                                  | classification (required): Individual/sole proprietor Corporation                                                                                                                                       | artnership Trust/estate                               |                                                             |                                          |  |  |  |  |
| <b>6</b> 6                                         | ,                                                                                                                                                                                                       |                                                       |                                                             | Exempt payee                             |  |  |  |  |
| Print or type<br>See Specific Instructions on page | Limited liability company. Enter the tax classification (C=C corporation, S=S of                                                                                                                        |                                                       | 1                                                           |                                          |  |  |  |  |
| F                                                  |                                                                                                                                                                                                         |                                                       |                                                             |                                          |  |  |  |  |
| 医台                                                 | ☐ Other (see instructions) ►                                                                                                                                                                            | Regue                                                 | ster's name and address (option                             | (optional)                               |  |  |  |  |
| 뜡                                                  | Address (number, street, and apt. or suite no.) 3416 W. Elm Street                                                                                                                                      | T.oqua                                                |                                                             | ,•••••••                                 |  |  |  |  |
| å                                                  |                                                                                                                                                                                                         |                                                       |                                                             |                                          |  |  |  |  |
| 8                                                  | City, state, and ZiP code                                                                                                                                                                               |                                                       |                                                             |                                          |  |  |  |  |
| Ø                                                  | McHenry, IL 60050                                                                                                                                                                                       |                                                       |                                                             |                                          |  |  |  |  |
|                                                    | List account number(s) here (optional)                                                                                                                                                                  |                                                       |                                                             |                                          |  |  |  |  |
| Da                                                 | Taxpayer Identification Number (TIN)                                                                                                                                                                    |                                                       |                                                             |                                          |  |  |  |  |
| Ento                                               | years TIN in the generalists boy. The TIN provided must match the name                                                                                                                                  | given on the "Name" line                              | Social security number                                      |                                          |  |  |  |  |
| t-0 00                                             | ald backup withbalding. For individuals, this is your social security numbe                                                                                                                             | K (35N), However, Ior a                               |                                                             |                                          |  |  |  |  |
|                                                    | ant alleg sole proprietor, or disperended entity, see the Part I instructions.                                                                                                                          | On page 3. For paler                                  |                                                             |                                          |  |  |  |  |
|                                                    | os, it is your employer identification number (EIN). If you do not have a number (EIN).                                                                                                                 | Hippit aco How to Sor a                               |                                                             |                                          |  |  |  |  |
|                                                    | . If the account is in more than one name, see the chart on page 4 for gule                                                                                                                             | delines on whose                                      | Employer Identification n                                   | umber                                    |  |  |  |  |
|                                                    | ber to enter.                                                                                                                                                                                           |                                                       | 36 - 427                                                    | 5085                                     |  |  |  |  |
|                                                    |                                                                                                                                                                                                         |                                                       |                                                             | 210 10 12                                |  |  |  |  |
| · Pa                                               | rt II Certification                                                                                                                                                                                     |                                                       |                                                             |                                          |  |  |  |  |
| Und                                                | er penalties of perjury, I certify that:                                                                                                                                                                |                                                       | -b                                                          | and .                                    |  |  |  |  |
| 1. T                                               | he number shown on this form is my correct taxpayer identification number                                                                                                                               | er (or I am waiting for a nun                         | to the state of capter and the state                        | Internal Pavanus                         |  |  |  |  |
| 2. 1                                               | am not subject to backup withholding because: (a) I am exempt from back                                                                                                                                 | kup withholding, or (b) I have                        | /e not been notilied by the<br>idends, or (c) the IRS has t | ntemai rievenue<br>rotified me that I am |  |  |  |  |
| S                                                  | am not subject to backup withholding becauso: (a) I am exempt from back<br>ervice (IRS) that I am subject to backup withholding as a result of a fallure<br>o longer subject to backup withholding, and | to report an interest or div                          | iddition, of (b) are it to the                              |                                          |  |  |  |  |
|                                                    |                                                                                                                                                                                                         |                                                       |                                                             |                                          |  |  |  |  |
| 3.1                                                | am a U.S. citizen or other U.S. person (defined below).<br>tification instructions. You must cross out item 2 above if you have been                                                                    | notified by the IRS that yo                           | a ere currently subject to t                                | ackup withholding                        |  |  |  |  |
|                                                    |                                                                                                                                                                                                         |                                                       |                                                             |                                          |  |  |  |  |
|                                                    |                                                                                                                                                                                                         |                                                       |                                                             |                                          |  |  |  |  |
| gen                                                | erally, payments other than interest and dividends, you are not required to                                                                                                                             | sign the certification, but )                         | And titrast bioaigo Joss com                                | /                                        |  |  |  |  |
|                                                    | ructions on page 4.                                                                                                                                                                                     |                                                       | 2 1/                                                        | 1,1                                      |  |  |  |  |
| Sig                                                |                                                                                                                                                                                                         | 200 J Date ➤                                          | 2-4-1                                                       | 7                                        |  |  |  |  |
|                                                    | eneral Instructions                                                                                                                                                                                     | Note, if a requester gives your TIN, you must use the | you a form other than For<br>ne requester's form if it is s | m W-9 to request substantially similar   |  |  |  |  |
|                                                    | tion references are to the Internal Revenue Code unless otherwise                                                                                                                                       | to this Form W-9.                                     |                                                             |                                          |  |  |  |  |
| rote<br>Pu                                         | ea.<br>Irpose of Form                                                                                                                                                                                   | considered a U.S. persor                              | on. For federal tax purpos<br>ilf you are:                  |                                          |  |  |  |  |
|                                                    |                                                                                                                                                                                                         | • An Individual who is a U                            | J.S. citizen or U.S. resideni                               | t alien,                                 |  |  |  |  |

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TiN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
  - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payor. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



## The Law Offices of Thomas J. Popovich P.C.

3416 W. Elm Street

McHenry, Illinois 60050

TELEPHONE: 815.344.3797 FACSIMILE: 815.344.5280

www.popovichlaw.com

MARK J. VOGG JAMES P. TUTAJ ROBERT J. LUMBER THERESA M. FREEMAN

THOMAS J. POPOVICH HANS A. MAST JOHN A. KORNAK

January 24, 2014

Paul Dulberg 4606 Hayden Court McHenry, IL 60051

RE: Paul Dulberg vs. David Gagnon, Caroline McGuire and Bill McGuire

McHenry County Case: 12 LA 178

Dear Paul:

Please find enclosed the General Release and Settlement Agreement from defense counsel for Caroline and Bill McGuire. Please Release and return it to me in the enclosed self-addressed stamped envelope at your earliest convenience.

Thank you for your cooperation.

Very truly yours,

HANS A. MAST

#### GENERAL RELEASE AND SETTLEMENT AGREEMENT

NOW COMES PAUL DULBERG, and in consideration of the payment of Five-Thousand (\$5,000.00) Dollars to him, by or on behalf of the WILLIAM MCGUIRE and CAROLYN MCGUIRE (aka Bill McGuire; improperly named as Caroline McGuire) and AUTO-OWNERS INSURANCE COMPANY, the payment and receipt of which is hereby acknowledged, PAUL DULBERG does hereby release and discharge the WILLIAM MCGUIRE and CAROLYN MCGUIRE and AUTO-OWNERS INSURANCE COMPANY, and any agents or employees of the WILLIAM MCGUIRE and CAROLYN MCGUIRE and AUTO-OWNERS INSURANCE COMPANY, of and from any and all causes of action, claims and demands of whatsoever kind or nature including, but not limited to, any claim for personal injuries and property damage arising out of a certain chain saw incident that allegedly occurred on or about June 28, 2011, within and upon the premises known commonly as 1016 West Elder Avenue, City of McHenry, County of McHenry, State of Illinois.

IT IS FURTHER AGREED AND UNDERSTOOD that there is presently pending a cause of action in the Circuit Court of the 22<sup>nd</sup> Judicial Circuit, McHenry County, Illinois entitled "Paul Dulberg, Plaintiff, vs. David Gagnon, Individually, and as agent of Caroline McGuire and Bill McGuire, and Caroline McGuire and Bill McGuire, Individually, Defendants", Cause No. 2012 LA 178, and that this settlement is contingent upon WILLIAM McGUIRE and CAROLYN McGUIRE being dismissed with prejudice as parties to said lawsuit pursuant to a finding by the Circuit Court that the settlement between the parties constitutes a good faith settlement for purposes of the Illinois Joint Tortfeasor Contribution Act, 740 ILCS 100/0.01, et seq.

IT IS FURTHER AGREED AND UNDERSTOOD that as part of the consideration for this agreement the undersigned represents and warrants as follows (check applicable boxes):

| I was not 65 or older on the date of the occurrence.           |
|----------------------------------------------------------------|
| I was not receiving SSI or SSDI on the date of the occurrence. |
| I am not eligible to receive SSI or SSDI.                      |
| I am not currently receiving SSI or SSDI.                      |

#### IT IS FURTHER AGREED AND UNDERSTOOD:

- a. That any subrogated claims or liens for medical expenses paid by or on behalf of PAUL DULBERG shall be the responsibility PAUL DULBERG, including, but not limited to, any Medicare liens. Any and all reimbursements of medical expenses to subrogated parties, including Medicare's rights of reimbursement, if any, shall be PAUL DULBERG's responsibility, and not the responsibility of the parties released herein.
- b. That any outstanding medical expenses are PAUL DULBERG's responsibility and all payment of medical expenses hereafter shall be PAUL DULBERG's responsibility, and not the responsibility of the parties released

c. That PAUL DULBERG agrees to save and hold harmless and indemnify the parties released herein against any claims made by any medical providers, including, but not limited to Medicare or parties subrogated to the rights to recover medical or Medicare payments.

IT IS FURTHER AGREED AND UNDERSTOOD by the parties hereto that this agreement contains the entire agreement between the parties with regard to materials set forth herein, and shall be binding upon and inure to the benefit of the parties hereto, jointly and severally, and the executors, conservators, administrators, guardians, personal representatives, heirs and successors of each.

IT IS FURTHER AGREED AND UNDERSTOOD that this settlement is a compromise of a doubtful and disputed claim and no liability is admitted as a consequence hereof.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on the dates set forth below.

| Dated:            | PAUL DULBERG                                                                                                                                |
|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| STATE OF ILLINOIS | )                                                                                                                                           |
| COUNTY OF MCHENRY | ) SS.<br>)                                                                                                                                  |
|                   | personally appeared before me this date and acknowledged that she are and Settlement Agreement as his own free act and deed for the uses n. |
| Dated this        | day of January, 2014.                                                                                                                       |
|                   |                                                                                                                                             |
|                   | Notary Public                                                                                                                               |

to-Owners Insurance

FIVE THOUSAND AND 00/100 DOW

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TF-IOMAS J. POPOVICH HANS A. MAST JOHN A. KORNAK

January 24, 2014

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RE: Paul Dulberg vs. David Gagnon, Caroline McGuire and Bill McGuire

McHenry County Case: 12 LA 178

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Thank you for your cooperation.

Very truly yours,

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MARK J. VOGG JAMES P. TUTAJ ROBERT J. LUMBER THERESA M. FREEMAN

January 13, 2014

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IT IS FURTHER AGREED AND UNDERSTOOD by the parties hereto that this agreement contains the entire agreement between the parties with regard to materials set forth herein, and shall be binding upon and inure to the benefit of the parties hereto, jointly and severally, and the executors, conservators, administrators, guardians, personal representatives, heirs and successors of each.

IT IS FURTHER AGREED AND UNDERSTOOD that this settlement is a compromise of a doubtful and disputed claim and no liability is admitted as a consequence hereof.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on the dates set forth below.

| Dated:                                                                                                                                                                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PAUL DULBERG                                                                                                                                                                                                                                                 |
| STATE OF ILLINOIS  ) SS.  COUNTY OF MCHENRY  PAUL DULBERG personally appeared before me this date and acknowledged that she executed the foregoing Release and Settlement Agreement as his own free act and deed for the use and purposes set forth therein. |
| Dated this day of January, 2014.                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                              |
| Notary Public                                                                                                                                                                                                                                                |

| Patien                  | t Information                          |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                       | ·            |                      |                    |                 |
|-------------------------|----------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------------|--------------|----------------------|--------------------|-----------------|
| Accoun                  | t#: _0042000185                        |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Co - Pay:                    |                                       | OR .         | Co - Insurance:      |                    |                 |
| Name: Dulberg, Paul     |                                        |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Injury #: <u>001</u>         | -                                     | Ox:          | _                    | und of forea       | rm, w/out       |
| Payor Code: 00001 Payor |                                        |                       | me; _l                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Patient Responsibility       |                                       |              | Financial Class:     | SELF               |                 |
| Appoin                  | tment Detail                           |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                       |              |                      |                    |                 |
| Discipli                | ne: OT                                 | 7                     | x Time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | e In: 10 30                  |                                       | Uni          | its:                 | T                  |                 |
|                         |                                        | Т                     | x Time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Out: 1190                    |                                       | Tot          | al Time Based Time:  |                    |                 |
| Date:                   | 04 / 16 / 12                           | #                     | Vi <b>si</b> ts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Prior To Today: 24 of 2      | 24                                    | Tot          | al Treatment Time: _ |                    |                 |
| RT Code                 |                                        |                       | RT Cod                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | e Description                | Units                                 | RT           | Code Description     | •                  | Uruts           |
| A001<br>A002            | PT Eval                                |                       | F010<br>G001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Vasopneumatic Device         |                                       | COO          | 5 Galt Training      |                    |                 |
| A003                    | OT Eval                                |                       | B001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Ultrasound<br>Manual Therapy |                                       | FOO          |                      |                    |                 |
| A004                    | OT Re Eval                             |                       | C001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Theraputic Activities        | -+-/                                  | HOO          |                      |                    |                 |
| F003                    | HP/CP                                  |                       | C002                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Neuromuscular Re-Ed          |                                       | HOO          |                      |                    |                 |
| F004                    | Estim Unattend                         |                       | C003                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Therapeutic Exercise         | a                                     | H01          |                      |                    |                 |
| Addition                | nal Treatment Code                     | s:                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                       |              |                      | •                  |                 |
| SOAP:                   | S: lt reports                          | 7'd                   | <u> Ma</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | mass that bego               | en V                                  | 12           | on prin &            | ( ) 2 di           | lay-            |
|                         | 3 days                                 | o Ziyas               | <u>]/~</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | W Many Man                   | 1 67                                  | JAN.         | May Can              | Lin po             |                 |
|                         | O: MHP KIG.                            | masa                  | Ä                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1 ords Tropens               | modi.                                 |              | ardita me            | 7 X                | <del> </del>    |
|                         | 115 50%.                               | 861/Cm                | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | & Dran or                    | 21 00                                 | n est        | Somo                 | · Sono             | VOANT           |
|                         | withing                                | Distra                | ta an                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | lana 11 M                    |                                       | 1.7.7        | 1/1/20               | G.t.               | er service -    |
|                         | An a C. A.                             | <u> And Will Coll</u> | i de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya della companya della companya de la companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya dell | - 100 J J 122                | 11 C/3                                | 2.7          | Cort C               | KIN M              | Manson,         |
| _4                      | (02 00) 1 VX VX                        | 11                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | V                            | · · · · · · · · · · · · · · · · · · · |              | ,                    |                    |                 |
| }                       | A JAN WELL                             | 2 000                 | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | - C/2 // 1                   | 1                                     | <u>Oa i</u>  | n 1 Tr. 1            | 2/ 0/0             |                 |
|                         | overall u                              | Dollars               | 07                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Waterman 10                  | dates 6                               | V A          | f 17                 | 3                  | •               |
| Υ-                      | Cort -PA                               | A                     | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | O CO                         | (                                     | 1/2          |                      | 7.                 |                 |
|                         |                                        | <u> </u>              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                       |              | <u></u>              | ·                  | <u> </u>        |
|                         |                                        | ·                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                       |              |                      |                    |                 |
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|                         | ·····                                  |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                       |              | _                    |                    |                 |
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|                         |                                        |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                       |              | . / <b>/</b>         |                    | II              |
|                         |                                        |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                       |              | "Z/( Ÿ })\\          | -2114              | -1}}            |
|                         |                                        |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              | ·                                     | <del></del>  | - W     W'           | 96.0               | / Wh            |
| _                       | <del></del>                            |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                       |              | _ \ /                | \ 1                | 1               |
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|                         | · · · · · · · · · · · · · · · · · · ·  | ····                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                       | <del></del>  | - \\\//              | ١٨                 | }               |
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|                         |                                        |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                       |              | (aha)                | (x)                | )               |
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|                         | Allan ale o                            | -121.                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              | ₽~                                    | <del>+</del> | PARISC LE            | - +                | +j-и            |
| /                       | WILLER DE CE                           | 146                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                       | v            | ENTRE ALE            |                    | עו              |
| THE                     | RÄPIST / CREDENTIALS                   |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                       |              |                      |                    |                 |
| Her                     | MSE NO.                                |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                       |              |                      |                    |                 |



| Account #; 0042000185  Name: Dulberg, Paul      |                 |                      |                                            | · · · · · · · · · · · · · · · · · · · |                                       |                                          |                                        |  |  |  |
|-------------------------------------------------|-----------------|----------------------|--------------------------------------------|---------------------------------------|---------------------------------------|------------------------------------------|----------------------------------------|--|--|--|
| Name: Dulberg, Paul                             |                 | Co                   | - Pay:                                     |                                       | R C                                   | o - Insurance:                           |                                        |  |  |  |
| Name: Dulberg, Paul Injury #: 001               |                 |                      |                                            |                                       | Dx; 88100 Open wound of forearm, w/ou |                                          |                                        |  |  |  |
| Payor Code: 00001                               | Payor N         | ame: Pat             | ent Responsibility                         |                                       | F                                     | inancial Class: SELF                     | ,                                      |  |  |  |
| Appointment Detail                              |                 |                      |                                            |                                       |                                       |                                          | *********                              |  |  |  |
| Discipline: <u>OT</u> Date: <u>04 / 12 / 12</u> |                 | Tx Time In Tx Time O | ~ _                                        | 24                                    |                                       | e Based Time:                            |                                        |  |  |  |
|                                                 |                 |                      | or 10 10day,                               |                                       | icial irea                            | tment Time:                              |                                        |  |  |  |
| RT Code Description                             | Units           | RT Code              | Description                                | Units                                 | RT Code                               | Description                              | Units                                  |  |  |  |
| A001 PT Eval                                    |                 | F010                 | Vasopneumatic Device                       |                                       | C005                                  | Galt Training                            | -                                      |  |  |  |
| A002 PT Re Eval                                 |                 | G001                 | Ultrasound                                 | j                                     | F008                                  | Traction Mechanical                      |                                        |  |  |  |
| A003 OT Eval                                    |                 | B001                 | Manual Therapy                             | 250                                   | H003                                  | Custom WHFO Static                       |                                        |  |  |  |
| A004 OT Re Eval                                 |                 | C001                 | Theraputic Activities                      |                                       | H006                                  | Custom WHO Static                        |                                        |  |  |  |
| F003 HP/CP                                      | - (             | C002                 | Neuromuscular Re-Ed                        |                                       | H005                                  |                                          | <b></b> i                              |  |  |  |
| F004 Estim Unattend                             |                 | C003                 | Therapeutic Exercise                       | :35                                   | H018                                  | Custom WHFO Dynamic<br>Custom HFO Static |                                        |  |  |  |
| Additional Treatment Codes                      |                 | ·                    |                                            |                                       | Incre                                 | 100stolii iii O Static                   | لـــــــــــــــــــــــــــــــــــــ |  |  |  |
| SOAP: St. Was a                                 | · .             |                      |                                            |                                       |                                       |                                          |                                        |  |  |  |
| from tool Pour                                  | Non un<br>X for | edeti                | alinged on<br>Sheddin ling.<br>Slewe um as | Stret                                 | ens                                   | and Strangth                             |                                        |  |  |  |

| Patien                                                                | t Information                                                                 |                                                                                                                                               |                                        |
|-----------------------------------------------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| Accoun                                                                | nt #: 0042000185                                                              | Co - Pay:                                                                                                                                     | OR Co - Insurance:                     |
| Name: Dulberg, Paul                                                   |                                                                               | Injury #; 001                                                                                                                                 | Dx: 88100 Open wound of forearm, w/out |
| Payor Code: 00001 Payor                                               |                                                                               | Payor Name: Patient Responsibility                                                                                                            | Financial Class: SELF                  |
| Appoin                                                                | ntment Detail                                                                 |                                                                                                                                               |                                        |
| Discipli                                                              | ine: OT                                                                       | Tx Time In: 300                                                                                                                               | Units:                                 |
| Date;                                                                 | 04 / 10 / 12                                                                  | # Visits Prior To Today; 20 of 2                                                                                                              | 4 Total Treatment Time:                |
| RT Code<br>(A001)<br>A002<br>A003<br>A004<br>F003<br>F004<br>Addition | PT Eval PT Re Eval OT Eval OT Re Eval HP/CP Estim Unattend nal Treatment Code | solled flymoning and my the plate. It was to man !!  See Preflan Sheet No Noted. Street No Noted. Street No Noted of Street No Noted after Px |                                        |
|                                                                       | FRAPIST / CREDENTIALS ENSE ND.                                                | Tramaghaum                                                                                                                                    | PADI SCALE 10                          |

| Fil Units:                                                               | Description Gait Training Traction Mechanical Custom WHFO Static Custom WHFO Dynamic Custom HFO Static Custom HFO Static Custom HFO Static Custom HFO Static | /out  |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| Units: Total Treat  RT Code G005 F008 H0005 H0006 H0006                  | Description Ungalt Traction Mechanical Custom WHFO Static Custom WHFO Dynamic                                                                                |       |
| Units: Total Time  Total Treat  RT Code C005 F008 F008 H0003 H0006 H0006 | Description U Galt Training Traction Mechanical Custom WHFO Static Custom WHFO Dynamic                                                                       | rilts |
| Total Time  Total Treat  RT Code  C005  F008  H003  H006  H006           | Description Under Traction When the Traction Wechanical Custom WHFO Static Custom WHFO Static Custom WHFO Dynamic                                            | ıılts |
| Total Time  Total Treat  RT Code  C005  F008  H003  H006  H006           | Description Under Traction When the Traction Wechanical Custom WHFO Static Custom WHFO Static Custom WHFO Dynamic                                            | nits  |
| Total Time  Total Treat  RT Code  C005  F008  H003  H006  H006           | Description Under Traction When the Traction Wechanical Custom WHFO Static Custom WHFO Static Custom WHFO Dynamic                                            | nits  |
| RT Code<br>G005<br>F008<br>H003<br>H006<br>H005                          | Description Under Traction When the Traction Wechanical Custom WHFO Static Custom WHFO Static Custom WHFO Dynamic                                            | tilts |
| RT Code<br>C005<br>F008<br>H003<br>H006<br>H005                          | Description U: Gait Training Traction Mechanical Custom WHFO Static Custom WHO Static Custom WHO Dynamic                                                     | rilts |
| F008<br>H003<br>H006<br>H005                                             | Gait Training Traction Mechanical Custom WHFO Static Custom WHO Static Custom WHO Static                                                                     | rits  |
| H008<br>H003<br>H006<br>H005                                             | Traction Mechanical Custom WHFO Static Custom WHO Static Custom WHFO Dynamic                                                                                 |       |
| H006<br>H005                                                             | Custom WHO Static Custom WHFO Dynamic                                                                                                                        |       |
| H005                                                                     | Custom WHFO Dynamic                                                                                                                                          |       |
| 0 ad                                                                     | Custom HFO Static                                                                                                                                            |       |
| 000                                                                      | were estect                                                                                                                                                  |       |
| Oad                                                                      | were affect                                                                                                                                                  |       |
| STYPE Strong                                                             | S. S. Jess<br>Johning<br>Creen                                                                                                                               |       |
|                                                                          | PAIN SCALE 1                                                                                                                                                 |       |
|                                                                          |                                                                                                                                                              |       |

| Patient         | t Information                          | · · · · · · · · · · · · · · · · · · · |              |                                           |                                       |                         | ············   |                                              | ·                          | <del></del>                          |
|-----------------|----------------------------------------|---------------------------------------|--------------|-------------------------------------------|---------------------------------------|-------------------------|----------------|----------------------------------------------|----------------------------|--------------------------------------|
| Account         | #: 0042000185                          |                                       | C            | o - Pay:                                  |                                       | OF                      |                | o - Insurance:                               |                            |                                      |
| Name:           | Dulberg, Paul                          |                                       |              | njury #: 001                              |                                       | Dx: 88100 Open wound of |                |                                              |                            |                                      |
| Payor C         | Code: 00001                            | Payor N                               |              | atient Responsibility                     | <del></del>                           |                         |                | inancial Class:                              | SELF                       |                                      |
| Appoin          | tment Detail                           | · · · · · · · · · · · · · · · · · · · |              |                                           |                                       |                         |                | ·                                            |                            |                                      |
|                 | ne: OT                                 | · · · · · · · · · · · · · · · · · · · | Ty Time      | In:(500                                   |                                       |                         |                | ······································       | <del>,</del>               |                                      |
| ,               | · · · · · · · · · · · · · · · · · · ·  |                                       |              | Out:                                      |                                       |                         |                | D . 170                                      |                            |                                      |
| Delei           | 04 / 03 / 12                           |                                       |              |                                           |                                       |                         |                | e Based Time: _                              |                            | <b></b>                              |
| Date:           | 04 / 03 / 12                           |                                       | # Visits I   | Prior To Today: 19 of                     | 24                                    |                         | Total Tre      | atment Time:                                 |                            | ———————————————————————————————————— |
| RT Code<br>A001 | Description<br>PT Eval                 | Units                                 | RT Code      | <del></del>                               | Uni                                   |                         | RT Code        | Description                                  |                            | Units                                |
| A002            | PT Re Eval                             |                                       | F010<br>G001 | Vasopneumatic Device Ultrasound           | · · · · · · · · · · · · · · · · · · · |                         | C005<br>F008   | Gait Training<br>Traction Mechan             | ijeai                      | <del></del>                          |
| A003            | OT Eval                                | <del></del>                           | B001         | Menual Therapy                            |                                       |                         | H003           | Custom WHFO S                                |                            |                                      |
| A004            | OT Re Eval                             |                                       | C001         | Theraputic Activities                     | <del>  `{</del>                       |                         | H006           | Custom WHO St                                |                            |                                      |
| F003            | HP/CP                                  |                                       | C002         | Neuromuscular Re-Ed                       |                                       |                         | H005           | Custom WHFO D                                |                            |                                      |
| F004            | Estim Unattend                         | <u> </u>                              | C003         | Therapeutic Exercise                      | ]}                                    |                         | H018           | Custom HFO Sta                               | tic                        |                                      |
|                 | nal Treatment Cod                      |                                       |              |                                           |                                       |                         |                |                                              |                            |                                      |
| SOAP:           |                                        | 500 0                                 | viti.        | of Euro 8 g                               | LON 1051                              | Sh                      | not            |                                              |                            |                                      |
|                 |                                        |                                       | . پاپایان    | 0                                         |                                       |                         |                |                                              |                            |                                      |
|                 |                                        |                                       |              |                                           |                                       |                         | <del></del>    |                                              | <del></del>                |                                      |
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|                 | *****                                  |                                       |              |                                           |                                       |                         |                |                                              |                            |                                      |
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| _               |                                        |                                       |              |                                           | · · · · · · ·                         |                         |                |                                              | <del></del>                |                                      |
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|                 |                                        |                                       |              |                                           |                                       |                         |                |                                              |                            |                                      |
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|                 |                                        |                                       |              |                                           |                                       |                         |                |                                              |                            |                                      |
|                 |                                        |                                       |              | , , , , , , , , , , , , , , , , , , ,     | •                                     |                         |                | <del> </del>                                 |                            |                                      |
|                 |                                        |                                       |              |                                           |                                       |                         |                |                                              |                            |                                      |
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| <del></del>     | <del></del>                            | *** ** ****                           |              |                                           |                                       |                         |                | [ ] - { } - [ ]                              | $V(V_i)$                   | 4)                                   |
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|                 | <del></del>                            |                                       |              |                                           |                                       |                         | /              |                                              | -14%                       | VI                                   |
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|                 | A 1                                    |                                       |              |                                           |                                       |                         |                | فيداليه                                      | Ç.                         | 0                                    |
|                 | 11/                                    |                                       |              |                                           |                                       | _                       |                |                                              |                            | . 1 -                                |
|                 | $H(t_0,, h_{-\delta})$                 | 4/1                                   |              |                                           |                                       | <b>H</b>                | <del>   </del> | PAIN SCALE                                   | -1                         | 10                                   |
| /               | 11411111111111111111111111111111111111 | 2)6/6                                 |              |                                           |                                       |                         | •              |                                              |                            | , -                                  |
| THÉ             | RĂPIST / CRĒDENTIALS                   | ,                                     |              |                                           |                                       |                         |                |                                              |                            |                                      |
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| LICE            | ENSE NO.                               |                                       |              |                                           |                                       |                         |                |                                              |                            |                                      |

| Patient Information                    |                                                                            |                                       |
|----------------------------------------|----------------------------------------------------------------------------|---------------------------------------|
| Account #: 0042000185                  | Co - Pay;                                                                  | OR Co - Insurance:                    |
| Name: Dulberg, Paul                    | Injury #:001                                                               | Dx: 88100 Open wound of forearm, w/ou |
| Payor Code; 00001                      | Payor Name: Patient Responsibility                                         | Financial Class: SELF                 |
| Appointment Detail                     |                                                                            |                                       |
| Discipline: OT                         | Tx Time In:                                                                | Units:                                |
|                                        | Tx Time Out:                                                               | / Total Time Based Time:              |
| Date: 02 / 06 / 12                     | # Visits Prior To Today;17 of24                                            | Total Treatment Time:                 |
| eatment codes: 97                      | 004 (NC), 945 97110(3)<br>ac. / Ex. Howshoot. Pt to be<br>sees UND regain. | , 97112<br>Pleced on hald until       |
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| THERAPIST / CREDENTIALS                | ranhotus -                                                                 | PAIN SCALE 10  Dulberg 006309         |

Dulberg 006309

| Patient Information                                                                |                                                                                                                                                       |                                        |
|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| Account #: 0042000185                                                              | Co - Pay;                                                                                                                                             | OR Co - Insurance:                     |
| Name: Dulberg, Paul                                                                | Injury #:                                                                                                                                             | Dx: 88100 Open wound of forearm, w/out |
| Payor Code: 00001                                                                  | Payor Name: Patient Responsibility                                                                                                                    | Financial Class: SELF                  |
| Appointment Detail                                                                 |                                                                                                                                                       |                                        |
| Discipline: OT                                                                     | Tx Time In: \$30                                                                                                                                      | Units:                                 |
|                                                                                    | Tx Time Out: 9 20                                                                                                                                     | Total Time Based Time:                 |
| Date: 02 / 01 /12                                                                  | # Visits Prior To Today: 16 of 24                                                                                                                     | Total Treatment Time:                  |
| Freatment codes: 7/C  SOAP: 5: " Lung for  O: Cont property of  A: Ultran  P: Cant | 10, 97035, 97140, 9- page bending Set off the ex Px from Show. No a  1 Jsolated FDS to frome pain along who here appears to be a to openade per pt to |                                        |
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| THERAPIST / CREDENTIALS                                                            | enastoris                                                                                                                                             | PAIN SCALE 10                          |

Dulberg 006310

| Patient Information                     |                                    |                                        |
|-----------------------------------------|------------------------------------|----------------------------------------|
| Account #: 0042000185                   | Co - Pay:                          | OR Co - Insurance:                     |
| Name: Dulberg, Paul                     | Injury #; _001                     | Dx: 88100 Open wound of forearm, w/out |
| Payor Code: 00001                       | Payor Name: Patient Responsibility | Financial Class: SELF                  |
| •                                       |                                    |                                        |
| Appointment Detail                      |                                    |                                        |
| Discipline: OT                          | Tx Time in: $2^{30}$               | Units:                                 |
|                                         | Tx Time Out: 330                   | Total Time Based Time:                 |
| Date: 01 / 30 / 12                      | # Visits Prior To Today: 16 of 2   |                                        |
| M(T)                                    | TE, US, WITH                       |                                        |
|                                         | •                                  |                                        |
| DAP State (1)                           | (els ven aggravated,"              |                                        |
| C Court per De                          | flow sheet. No adverse of          | Mech to march such                     |
| Pt Continu                              | és to demembrate luvour se         | Example in his Ultrin aspect of        |
| - flam hi                               | area of most iluan asy             | sect of you Nerve Symptom              |
| appear to                               |                                    | ation of FOSIASE                       |
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| · to                                    | and raisett his houses             | Lux ptons                              |
| - F. Cont - In                          | obutax FDS response                | to included active for,                |
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| AMMEN                                   | anawatuar                          | D PARI SCALE 10                        |
| THERAPIST / CREDENTIALS                 | TO VO VI LUM                       | Dulberg 006311                         |
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| Patient Information                        |                                    |                                                                                                       |
|--------------------------------------------|------------------------------------|-------------------------------------------------------------------------------------------------------|
| Account #: 0042000185                      | Co ~ Pay:                          | OR Co - Insurance:                                                                                    |
| Name: Dulberg, Paul                        | Injury #:                          | Dx: 88100 Open wound of forearm, w/out                                                                |
| Payor Code: 00001                          | Payor Name: Patient Responsibility | Financial Class: SELF                                                                                 |
| Appointment Detail                         |                                    |                                                                                                       |
| Discipline: OT                             | Tx Time In: 200                    | Units: <u>5</u>                                                                                       |
|                                            | Tx Time Out: 200                   | Total Time Based Time:                                                                                |
| Date: 01 / 25 / 12                         | # Visits Prior To Today: 15 of 24  | Total Treatment Time:                                                                                 |
| - Cand<br>to ell<br>A: Tulkre<br>P. Allemp | ated ex fair - newer               | ve Ralpajola nodi le appe<br>ve note a after la<br>pain flu T fatigne after<br>onlig per pt telenance |
|                                            |                                    |                                                                                                       |
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| MAMANA THERAPIST / GREDENTIALS             | entrover                           | Dulberg 006312                                                                                        |

| Patient Information                                        |                                    |                                                                                                                            |
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| Account #: 0042000185                                      | Co - Pay:                          | OR Co - Insurance:                                                                                                         |
| Name: Dulberg, Paul                                        | Injury #:001                       | Dx: 88100 Open wound of forearm, w/out                                                                                     |
| Payor Code: 00001                                          | Payor Name: Patient Responsibility | Financial Class: SELF                                                                                                      |
| Appointment Detail                                         |                                    |                                                                                                                            |
| Discipline: OT                                             | Tx Time In: 230                    | Units: <u>G</u>                                                                                                            |
|                                                            | Tx Time Out: 345                   | Total Time Based Time:                                                                                                     |
| Date: 01 / 23 / 12                                         | # Visits Prior To Today: 12 of 24  | Total Treatment Time:                                                                                                      |
| OAP: S. Why and O Cont fer Mily 11 odes of Noted P. Cant f | ofta ex This Incress               | it just doesn't work."  Ad read off acts to US in  Prespensemotherty - Strace  Symptoms angusation  Mondar nouse Symptoms. |
| Mara                                                       | anahor,                            | PAIN SCALE 10                                                                                                              |

THERAPIST / CREDENTIALS

Dulberg 006313

| Patient Information     |                                    |                                                    |                         |
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| Account #: _0042000185  | Co - Pay;                          | OR Co - Insurance                                  | ):                      |
| Name: Dulberg, Paul     | Injury #: 001                      | Dx: 88100 Open v                                   | vound of forearm, w/out |
| Payor Code: 00001       | Payor Name: Patient Responsibility | Financial Clas                                     | ss: SELF                |
| Appointment Detail      |                                    |                                                    |                         |
| Discipline: OT          | Tx Time In:                        | Units:                                             |                         |
|                         | Tx Time Out: 12:00                 | ।<br>Total Time Based Tim                          | e:                      |
| Date: 01 / 18 / 12 9 70 | 35 #Visits Prior To Today: 12 of   | 4 Total Treatment Time:                            |                         |
| reatment codes:         |                                    | Ĵ                                                  |                         |
| SOAP: S: 11 My          | m flered but up y                  | Serden J. It h                                     | appendation             |
| C: Cent per             | Dr. Fran. Sheet. N. a.d.           | Mac April 1                                        | sluttended.             |
| Nepres.                 | trat herve hypersen                | activity I'd affect                                |                         |
| k: Cent Vin             | 1 sagning his name.                |                                                    |                         |
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| Mysha                   | rahamy-                            | PAIN SCALE                                         | 10                      |
| THERAPIST / CREDENTIALS | ,                                  |                                                    | Dulberg 006314          |

| Patient Information   |                                                                                                                                      |                                                                                                                                                     |
|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| Account #: 0042000185 | Co - Pay:                                                                                                                            | OR Co - Insurance:                                                                                                                                  |
| Name: Dulberg, Paul   | Injury #: 001                                                                                                                        | Dx: 88100 Open wound of forearm, w/out                                                                                                              |
| Payor Code: 00001     | Payor Name: Patient Responsibility                                                                                                   | Financial Class: SELF                                                                                                                               |
| Appointment Detail    |                                                                                                                                      |                                                                                                                                                     |
| Discipline: OT        | Tx Time In:                                                                                                                          | Units:                                                                                                                                              |
|                       | Tx Time Out: <u>し</u> りち                                                                                                             | Total Time Based Time:                                                                                                                              |
| Date: 01 / 16 / 12    | # Visits Prior To Today: 12 of 24                                                                                                    | Total Treatment Time:                                                                                                                               |
| ,                     | so has pains telt better after<br>Ex from spect. No addis<br>coting pain" has does<br>an new name pain when<br>a spanade per of tal. | en my thempy<br>ene effects to US or MITP inted<br>cased with drap trasine man<br>themptome massage. Rx en<br>Strengthemp as Fel-<br>pre: pod-litte |
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| -lanca                | omanketuur                                                                                                                           | PAIR SCALE                                                                                                                                          |

THERAPIST / CREDENTIALS

Dulberg 006315

| Patient Information    |                                            |                                          |
|------------------------|--------------------------------------------|------------------------------------------|
| Account #: _0042000185 | Co - Pay:                                  | OR Co - Insurance:                       |
| Name: Dulberg, Paul    | Injury #:002                               | Dx: 88100 Open wound of forearm, w/out   |
| Payor Code: 00001      | Payor Name: Patient Responsibility         | Financial Class: SELF                    |
| Appointment Detail     |                                            |                                          |
| Discipline: PT         | Tx Time In: 10 66                          | Units: <u>5</u>                          |
|                        | Tx Time Out:/                              | Total Time Based Time:                   |
| Date: 01 / 11 / 12     | # Visits Prior To Today: 0 of              | 1 Total Treatment Time:                  |
| eatment codes: 970/0   | <u>0,971400,971106</u><br>reports Moderati | 9,970350<br>Sorene on in the             |
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| did                    | lessen significar                          | Hy following the                         |
|                        | massage HR do                              | es Traport occasionally                  |
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| like                   | computer mouse                             |                                          |
| O: The Cha             | V+9'MOST PECERT                            | OTENS dated 1/5/12                       |
| Story a                |                                            | indina al Histraport.                    |
| A150 Del               |                                            | moderates scar Hissue                    |
| present                | Dinjury site & alo                         | ne ul nav border of break                |
| - Palpati              | on also screated a                         | EDUPLAINS OF SINGLIGUE                   |
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| - KX UXUX)             | JULIOYINGO TOXION                          | Parella Managary Human                   |
| P+ roppy+              | ed to a dika a bull                        | ning Alberra markal KX                   |
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| - SX JON LOWI          | NJRX.                                      |                                          |
| A! PETIPHOLI           | OB T. MOVEVALOS                            |                                          |
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| Trolled Sit on         | LON PONT () FAPERO DU                      | In adder the deficial                    |
| P: Condiffich          | rapy along 104 Lega                        | AIST POCUS () TO                         |
| Desolehen              | 49-                                        | PAN SCALE 10                             |
| THERAPISTY CREDENTIALS | - \* F                                     | Dulberg 006316                           |

| Patient Information                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                            |
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| Account #: 0042000185                                                         | Co - Pay:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | OR Co - Insurance:                                                                         |
| Name: Dulberg, Paul                                                           | Injury #: 001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Dx: 88100 Open wound of forearm, w/out                                                     |
| Payor Code: 00001                                                             | Payor Name: Patient Responsibility                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Financial Class: SELF                                                                      |
| Appointment Detail                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                            |
| Discipline: OT                                                                | Tx Time In:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Units: 5                                                                                   |
|                                                                               | Tx Time In: 100  Tx Time Out: 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Total Time Based Time:                                                                     |
| Date: 01 / 09 / 12                                                            | # Visits Prior To Today: 11 of 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 4 Total Treatment Time:                                                                    |
| Treatment codes: (19 XXX)  SOAP: S. J. M. M. M. M. M. M. M. M. M. M. M. M. M. | Sandand Ing a super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the super stand of the | Mad U.S. In side x Emus.  Soma foram & hosof  The Cultury Infrance  H with after addresses |
| THERAPIST/ CREDENTIALS                                                        | ( Canal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Dulberg 006317                                                                             |

| Patient Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |
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| Account #: 0042000185                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Co - Pay:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | OR Co - Insurance:                   |
| Name: Dulberg, Paul                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Injury #: 001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Dx: 88100 Open wound of forearm, w/o |
| Payor Code: 00001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Payor Name: Patient Responsibility                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Financial Class: SELF                |
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LICENSE NO.

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| Date: 01 / 03 / 12                                     | # Visits Prior To Today: 8 of 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Total Treatment Time:                                                                                    |
| A uninta a  Whist curl  NegerVictor  E erest  P: ant E | Sight whitehas stricted as interest remove is the server of the server of the server canical server continued canical server continued canical server canical server canical server canical server canical server canical server canical server canical server canical server canical server canical server canical server canical server canical server canical server canical server canical server canical server canical server canical server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can server can s | Aron intrinsic surveys  Today in order to previent  realization of tremps  2 = 1# With max + Villet  (3) |
|                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                          |
| MINIMATE 5T/                                           | <u></u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | PAIR 93ALE Dulberg 006319                                                                                |

| Patient Information                                                                                                                        |                                                                                                                                                             |                                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| Account #: _0042000185                                                                                                                     | Co - Pay:                                                                                                                                                   | OR Co - Insurance:                                                                                                                      |
| Name: Dulberg, Paul                                                                                                                        | !njury #: _001                                                                                                                                              | Dx: 88100 Open wound of forearm, w/out                                                                                                  |
| Payor Code: 00001 P                                                                                                                        | ayor Name: Patient Responsibility                                                                                                                           | Financial Class: SELF                                                                                                                   |
| Appointment Detail                                                                                                                         |                                                                                                                                                             |                                                                                                                                         |
| Discipline: OT                                                                                                                             | Tx Time In:                                                                                                                                                 | Units:                                                                                                                                  |
|                                                                                                                                            | Tx Time Out: 30                                                                                                                                             | Total Time Based Time:                                                                                                                  |
| Date: 12 / 29 / 11                                                                                                                         | # Visits Prior To Today: _7 of _8                                                                                                                           | Total Treatment Time:                                                                                                                   |
| SOAP: S: Pt Nemote  Sleep at.  Sleep at.  Short solo  O: MHP x 10.  Pt reporter  Don perfor  Ocan mole  as son for  protein to  Pt de usel | mystalas list TX  aling " of arma hund a  mind to 4 layers points  your print U.S. to d  Son prem From  * ling Performed UM/  I a mad c/o. Had a  Thoronomy | sin pil in order to<br>session No reports<br>scampanied their sin<br>Language Sis to sein<br>here order turned<br>most foranom. Cont. E |
| 1111                                                                                                                                       |                                                                                                                                                             |                                                                                                                                         |
| Millianneski OT/L                                                                                                                          |                                                                                                                                                             | PAIN SCALE 10                                                                                                                           |

Dulberg 006321

#### TREATMENT ENCOUNTER NOTE

| Patient Information                                       |                                    |                                                                                                                              |
|-----------------------------------------------------------|------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| Account #: 0042000185                                     | Co - Pay:                          | OR Co - Insurance:                                                                                                           |
| Name: Dulberg, Paul                                       | Injury #: <u>001</u>               | Dx: 88100 Open wound of forearm, w/out                                                                                       |
| Payor Code: 00001                                         | Payor Name: Patient Responsibility | Financial Class: SELF                                                                                                        |
| Appointment Detail                                        |                                    |                                                                                                                              |
| Discipline: OT                                            | Tx Time In: 3 30                   | Units:                                                                                                                       |
|                                                           | Tx Time Out: 445                   | Total Time Based Time:                                                                                                       |
| Date: 12 / 27 / 11                                        | # Visits Prior To Today; 7 of 8    | Total Treatment Time:                                                                                                        |
| reatment codes: B. C. C. C. C. C. C. C. C. C. C. C. C. C. | cant here prin noted               | peaceses, the name the my armet and yeth my armet and rese effects to UHP or US - especially along class rias to demonstrate |
|                                                           |                                    |                                                                                                                              |
| 100-011                                                   | Vana Marius                        |                                                                                                                              |

THERAPIST / CREDENTIALS

| Patient Information     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |
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| Account #: 0042000185   | Co - Pay:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | OR Co - Insurance;                            |
| Name: _Dulberg, Paul    | Injury #: 001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Dx: 88100 Open wound of forearm, w/ou         |
| Payor Code: 00001       | Payor Name: Patient Responsibility                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Financial Class: SELF                         |
| ppointment Detail       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |
| riscipline: OT          | Tx Time in:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Units:                                        |
| •                       | Tx Time Out: 12 CL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Total Time Based Time:                        |
| Date: 12 / 23 / 11      | # Visits Prior To Today: 2 of 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Total Treatment Time:                         |
| Port Well  Cont & P.O.C | That was he was for with which was for the pulses of the pulses of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contrac | 11.5 GARRERS Effection Coopy Ordan Wines many |
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| THERAPIST / CREDENTIALS | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | PAIN SCALE  Dullberg 006322                   |

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Dulberg 006323

| Patient Information                                                     |                                  |                                        |
|-------------------------------------------------------------------------|----------------------------------|----------------------------------------|
| Account #: _0042000185                                                  | Co - Pay:                        | OR Co - Insurance:                     |
| Name: Dulberg, Paul                                                     | Injury #: _001                   | Dx: 88100 Open wound of forearm, w/out |
| Payor Code: 00001 Pa                                                    | yor Name: Patient Responsibility | Financial Class: SELF                  |
| Appointment Detail                                                      |                                  |                                        |
| Discipline: OT                                                          | Tx Time In: 125                  | Units:                                 |
|                                                                         | Tx Time Out: 235                 | Total Time Based Time:                 |
| Date: 12 / 20 / 11                                                      | # Visits Prior To Today: 2 of 8  | Total Treatment Time:                  |
| OAP: 5: "No new 1/0  OF Small from  Parked to  A: Good from  P: Cond to | Since yesterday Pain 76          | 11 res - Tel well.                     |

| Patient Information     |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Account #: 0042000185   | Co - Pay:                          | OR Co - Insurance;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Name: _Dulberg, Paul    | Injury #; _001                     | Dx: 88100 Open wound of forearm, w/out                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Payor Code: 00001       | Payor Name: Patient Responsibility | Financial Class: SELF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Appointment Detail      |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Discipline: OT          | Tx Time In: <u>28 30</u>           | Units: 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                         | Tx Time Out: 340                   | Total Time Based Time:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Date: 12 / 19 / 11      | # Visits Prior To Today: 2 of 8    | Total Treatment Time:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| reatment codes: 970     | 10, 97635, 97140,39                | 7/10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| OAP: S: "TII            | ells and to use the outh           | a. It leels like I am                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                         | ving my musiles.                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| -O: Cont                | per Par Hon Sheet No               | adisesse effects to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <del>- +5</del>         | example noted. Cart                | huppersensituity voled a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| - UNA                   | A WARRY CT ST. LANGE MAINTA        | the Soft Putting from Gentle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| A. Cook                 | vine hi Zanazihistina              | and to a first with                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| - Pi-Cont-              | Matte Sheno Mema                   | - Shekhay, Sanientel.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                         | <i>y y</i>                         | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <del> </del>            |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Part 2                  |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                         |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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|                         |                                    | (187)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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|                         | WOUNT                              | سالس کات                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| -111.050 ND             | manorunt                           | 0 PAIN SCALE 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| THERAPIST / CREDENTIALS |                                    | Dulberg 006324                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

| Appointment Detail  Discipline: _CT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Co - Pay: Injury #: _001  Patient Responsibility      | OR Co - Insurance:  Dx: 88100 Open wound of forearm, w/out  Financial Class: SELF                                         |
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| Payor Code:00001 Payor Name  Appointment Detail  Discipline:CT Tx T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Injury #: 001                                         | Dx: 88100 Open wound of forearm, w/out                                                                                    |
| Appointment Detail  Discipline: _CT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                       |                                                                                                                           |
| Discipline: <u>CT</u> Tx T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                       |                                                                                                                           |
| Discipline: <u>CT</u> Tx T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                       |                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |                                                                                                                           |
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| Tx T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ime Out: 200                                          | Total Time Based Time:                                                                                                    |
| Date: 12 / 15 / 11 # Vis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | sits Prior To Today: 2 of 8                           | Total Treatment Time:                                                                                                     |
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| Account #: 0042000185                                                                     | Co - Pay:                                                                                                                  | OR Co - Insurance:                            |
|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| Name: Dulberg, Paul                                                                       | Injury #: 001                                                                                                              | Dx: 88100 Open wound of forearm, w/out        |
| Payor Code: 00001                                                                         | Payor Name: Patient Responsibility                                                                                         | Financial Class: SELF                         |
| Appointment Detail                                                                        |                                                                                                                            |                                               |
| Discipline: <u>OT</u>                                                                     | Tx Time In: 936  Tx Time Out: 1045                                                                                         | Units:                                        |
|                                                                                           | Tx Time Out: 1045                                                                                                          | Total Time Based Time:                        |
| Date: 12 / 14 /11                                                                         | # Visits Prior To Today: 2 of 8                                                                                            | Total Treatment Time:                         |
| eatment codes: 97 ( DAP: S: 11 I have f  O: Cont. De  Airholo  A: Tillinatio  C: Cont. to | rain todas his nach!  arem legot me y  a Rx flan Sheet. No  noted - applied T  from for attempt to  a streetching TGE, Ros | ENS to wind have pain.  an name pain/hyperson |

LICENSE NO.

| Patient Information                                                               |                                                                                                                                                        |                                                                                                     |
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| Account #: 0042000185                                                             | Co - Pay:                                                                                                                                              | OR Co - insurance:                                                                                  |
| Name: Dulberg, Paul                                                               | Injury #: 001                                                                                                                                          | Dx: 88100 Open wound of forearm, w/out                                                              |
| Payor Code: 00001                                                                 | Payor Name: Patient Responsibility                                                                                                                     | Financial Class: SELF                                                                               |
| Appointment Detail                                                                |                                                                                                                                                        |                                                                                                     |
| Discipline: OT                                                                    | Tx Time In: 900                                                                                                                                        | Units: <del>-</del>                                                                                 |
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| Date: 12 / 12 / 11                                                                | # Visits Prior To Today: 0 of _                                                                                                                        | 8 Total Treatment Time:                                                                             |
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| Patient Information   |                                                                                                                                                 |                                                    |
|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| Account #: 0042000185 | Co - Pay:                                                                                                                                       | OR Co - Insurance:                                 |
| Name: Dulberg, Paul   | Injury #: _001                                                                                                                                  | Dx: 88100 Open wound of forearm, w/out             |
| Payor Code: 00001     | Payor Name: Patient Responsibility                                                                                                              | Financial Class: SELF                              |
| Appointment Detail    |                                                                                                                                                 |                                                    |
| Discipline: OT        | Tx Time In:5 30                                                                                                                                 | Units:                                             |
|                       | Tx Time Out: (046                                                                                                                               | Total Time Based Time:                             |
| Date: 12 / 08 / 11    | # Visits Prior To Today: 0 of 8                                                                                                                 | <del></del>                                        |
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| Patient Information     |                                     |                               |
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| Account #: 0042000185   | Co - Pay:                           | OR Co - Insurance:            |
| Name: Dulberg, Paul     | Injury #:001                        |                               |
| Payor Code:             | Payor Name:                         | Financial Class:              |
| Appointment Detail      |                                     |                               |
| Discipline:             | Tx Time In: $\frac{330}{\sqrt{30}}$ | Units: Total Time Based Time: |
| Date: 12 / 06 /11       | # Visits Prior To Today: 0 of       | Total Treatment Time:         |
| eatment codes: CAA      | luation (ot)<br>luation / Px fine s | theet.                        |
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| THERAPIST / CREDENTIALS | unashorus                           | PAIN SCALE 10  Dulberg 006329 |

LICENSE NO.



January 8, 2015

# VIA CMRRR No.7011-2000-0002-4788-8927

Paul Dulberg 4606 Hayden Court McHenry, IL 60050

RE.

Injured Person: Paul Duiberg

Injured Person Address: 4606 Hayden Court, McHenry, IL 60050

Date of Injury: June 28, 2011

Health Care Professionals: Michelle Shamash, OT; Darlene Verenski, OT

Health Care Professional Address: 498 S. Route 12, Suite C, Fox Lake, IL 60020

Account No.:0042000185 Liable Party: UNKNOWN Carrier: UNKNOWN

Carrier Claim No.: UNKNOWN

### Dear Mr. Dulberg:

The purpose of this letter is to provide you written notice of the lien rights of Michelle Shamash, OT and Darlene Verenski, OT pursuant to the Health Care Services Lien Act, 770 ILL. COMP. STAT, ANN. §§ 23/1-23/999 (West, WESTLAW through P.A. 95-1 of the 2007 Reg. Sess.). Pursuant to § 23/10, Michelle Shamash, OT and Darlene Verenski, OT are health care professionals that render services in the treatment, care, or maintenance of the injured person Paul Dulberg, and hereby claim a lien upon all claims and causes of action of the injured person Paul Dulberg for the amount of Michelle Shamash, OT's and Darlene Verenski, OT's reasonable charges up to the date of payment of damages to the injured person Paul Dulberg. Pursuant to § 23/15, a judgment, award, settlement, or compromise secured by or on behalf of an injured person may not be satisfied without the injured person or his or her representative first giving notice of the a judgment, award, settlement, or compromise to the health care professional who has rendered services and served a lien notice hereunder.

If you should have any questions, then please contact the undersigned at your earliest opportunity. My direct number is 713-297-6386.

Sincerely yours,

J.S. Physical Therapy, Inc.

cc;

VIA CMRRR No. 7011-2000-0002-4788-8910 Hans Mast

Attorney At Law 3416 W. Elm Street McHenry, IL 60050

U.S. PhySICAL THERAPY, INC.

I300 W. SAM HOUSTON PKWY :: SUITE 300 :: HOUSTON, TEXAS 77042 :: 713.297.7000 :: 713.297.7090 FAX WWW, USPHYSICALTHERAPY, COM



### NOTICE OF HOSPITAL LIEN

Patient Information:

Patient Name: Paul Dulberg

Account# 71265382

Other Party Information:

Insurance Company: To be named

Responsible Party: David Gagnon/Maguires Claim#: Still to be decided

You are hereby notified that Paul Dulberg, was on or about the 28th day of June, 2011 was injured by the alleged negligence or wrongful act of David Gagnon/Maguires. You appear to be holding funds or expect to be holding funds in the future for payment which Northwest Community Hospital has a claim, demand or cause of action against. Paul Dulberg was a patient in the undersigned hospital, or was a patient on July 9, 2012 due to said injuries.

You are further notified that the undersigned hospital is a corporation organized not for profit under the laws of the State of Illinois and is located at 800 W. Central Road in the city of Arlington Heights, Illinois.

You are further notified that the undersigned hospital claims a lien upon any claim or demand or cause of action which the said injured party may have against the alleged wrong doer, and against any funds you may have presently or in the future which may be directed towards the injured party, in accordance with the terms and provisions of the statutes of the State of Illinois in such case made and provided, and that such lien is for the reasonable value of services rendered and to be rendered in a treatment, care and maintenance of such injured person at current rates, the amount of which lien will not exceed 1/3 of the sum paid or due to said injured person on said claim or right of action.

Our Hospital Nos:

Amount of Liens:

71265382 \$6,366.00 NORTHWEST COMMUNITY HOSPITAL

BY:

Catie Harrison

Patient Financial Services

Northwest Community Hospital

AFFIDAVIT OF PERSON MAILING NOTICE

STATE OF ILLINOIS COUNTY OF COOK

Subscribed and Sworn to Before Me this 23 Day of July, 20/2

NOTE: Requests for medical records pertaining to

case should be directed to:

Medical Records

Northwest Community Hospital

800 W. Central Rd., Arlington Heights, IL 60005

OFFICIAL SEAL SUZANNE A MACZKO NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:08/13/12



January 8, 2015

### VIA CMRRR No. 7011-2000-0002-4788-8927

Paul Dulberg 4606 Hayden Court McHenry, IL 60050

RE: Injured Person: Paul Dulberg

Injured Person Address: 4606 Hayden Court, McHenry, IL 60050

Date of Injury: June 28, 2011

Health Care Professionals: Michelle Shamash, OT; Darlene Verenski, OT

Health Care Professional Address: 498 S. Route 12, Suite C, Fox Lake, IL 60020

Account No.:0042000185 Liable Party: UNKNOWN Carrier: UNKNOWN

Carrier Claim No.: UNKNOWN

Dear Mr. Dulberg:

The purpose of this letter is to provide you written notice of the lien rights of Michelle Shamash, OT and Darlene Verenski, OT pursuant to the Health Care Services Lien Act, 770 ILL. COMP. STAT. ANN. §§ 23/1-23/999 (West, WESTLAW through P.A. 95-1 of the 2007 Reg. Sess.). Pursuant to § 23/10, Michelle Shamash, OT and Darlene Verenski, OT are health care professionals that render services in the treatment, care, or maintenance of the injured person Paul Dulberg, and hereby claim a lien upon all claims and causes of action of the injured person Paul Dulberg for the amount of Michelle Shamash, OT's and Darlene Verenski, OT's reasonable charges up to the date of payment of damages to the injured person Paul Dulberg. Pursuant to § 23/15, a judgment, award, settlement, or compromise secured by or on behalf of an injured person may not be satisfied without the injured person or his or her representative first giving notice of the a judgment, award, settlement, or compromise to the health care professional who has rendered services and served a lien notice hereunder.

If you should have any questions, then please contact the undersigned at your earliest opportunity. My direct number is 713-297-6386.

Sincerely yours, U.S. Physical Therapy, Inc.

Chang Konz

Leon E. Pegg, Associate Counsel

cc: Hans Mast

VIA CMRRR No. 7011-2000-0002-4788-8910

Attorney At Law 3416 W. Elm Street McHenry, IL 60050



#### Medical Lien Finance

# Medical Lien/Letter of Protection

January 30, 2012

Hans Mast, Esq. Law Office of Hans Mast 3416 W. Elm St. McHenry, IL 60050

Case ID: 265065

Reference: Paul Dulberg

Dear Hans Mast,

Your client referenced above has been or will be seen at Open Advanced MRI of Round Lake, LLCfor diagnostic testing related to injuries sustained in a personal injury accident. It is our understanding that you represent this patient in a personal injury claim and that our medical bill/lien will be satisfied if there is successful resolution to the claim. Upon settlement or verdict and distribution of proceeds from the claim, please mail payment to the MedChex billing center below.

MedChex P.O. Box 502 Katonah, NY 10506 (866) 709-1100

I, Hans Mast, acknowledge this medical lien on the legal claim proceeds of the above mentioned patient. Upon settlement and distribution of proceeds from the legal claim, I will contact MedChex to satisfy the lien. If I no longer represent the patient/client I will provide any and all applicable insurance carrier &/or subsequent attorney information to a MedChex representative so they may assert their lien on the claim.

How should we contact your office?

Hans Mast

E-mail is Preferred (or Fax Number)

### Please Sign and Fax to (888) 317-0260

\*Upon receipt we will forward the MRI results and all related medical records to your office.

www.medchex.org (866) 959-1100



14 Mamaroneck Ave. Sulte 3F White Plains, NY 10601

# www.medchex.org

\*Surgery Funding

\*Diagnostics

\*Hospital Expenses

# **NOTICE OF MEDICAL LIEN**

February 8, 2012

Lien Payoff? status@medchex.org

Hans Mast, Esq. Law Office of Hans Mast 3416 W. Elm St. McHenry, IL 60050

Case ID: 265065

Reference: Paul Dulberg

Dear Hans Mast,

This letter shall serve as notice that MedChex has taken assignment for the medical MRI lien of Open Advanced MRI of Round Lake, LLC in the amount of **\$3390**.

Upon settlement and distribution of proceeds please mail a check for \$3390 to the address below. Please note that medical reports will be furnished upon request.

MedChex Box 828 Katonah, NY 10536

I may be reached at (866) 709-1100 x 105 if necessary.

Sincerely,

Keelan Walker

Diagnostic Lien Specialist

status@medchex.org

Medical Justice

Box 828, Katonah, NY 10536

Phone (866) 959-1100 Fax (888) 317-0260

## \*\* Transmit Conf.Report \*\*

P.1 LAW OFFICE T POPOVICH Fax 1-815-344-5280

Jan 31 2012 09:52am

| Fax/Phone Number | Mode   | Start      | Time  | Page | Result | Note |
|------------------|--------|------------|-------|------|--------|------|
| 18883170260      | Normal | 31:09:51am | 0'43" | 2    | * 0 K  |      |



Redical Lien Finance 14 Mamaroneck Ave. 3rd Fbor White Plains, NY 10801 www.medchex.org

| MRI  | *Epidurals      | *Anesthesia | *Orthopedic *    | Hospital |
|------|-----------------|-------------|------------------|----------|
| To:  | Hans Mast, Esq. | From:       | KeelarWalker     |          |
| Fax: | 1(815)344-5280  | Date:       | January 30, 2012 |          |
| Re:  | Paul Dulberg    | Pages       | 2                |          |

Dear Hans Mast,

Box 828, Katonah, NY 10536

The above mentioned would like to be admitted to for an MRI or other diagnostic testing. <u>In order to approve your client on a lien basis please sign the attached Letter of Protection and complete our short Case Questionnaire</u>. I may be reached at (866) 709-1100 x109.

### MRI CASE QUESTIONAIRE

| Case Type? Auto / Work Comp / Other                               | Liability Established? Yes / No |
|-------------------------------------------------------------------|---------------------------------|
| Incident Date 6-28-11 Property Damage \$                          | Driver or Passenger (circle)    |
| Degree of Impact (circle) Light / Moderate / Heavy Dat            | e of first ER Visit?            |
| What type of oare has your client had (circle): Ambulance         |                                 |
| Defendant's Insurance Limits \$Plaintiff's                        | S UIM Policy Limits \$          |
| Your previous experience with the Defendants Insurance Co.?       | Good Moderate / Poor / Terrible |
| Will the settlement check come to your office? (Yes) No Es        | time until settlement?          |
| Did client have similar Prior Injuries that you are aware of? Yes | <b>®</b>                        |
| Your comments? Chain Saw acciden                                  | +. Def cut The                  |
| Client out his home.                                              |                                 |
| Completed by: As Man                                              | hone/Email: 8453443797          |
| Return via Confidential Fax (8                                    | 88) 31 <b>7-0260</b>            |

Phone (866) 709-1100 Fax (888) 317-0260

# NOTICE OF HEALTH CARE SERVICES LEN

TO Paul Dulberg 4606 Hayden McHenry, IL 60050

[name and address of injured party against whom a claim or right of actions exists from such injuries] PLEASE TAKE NOTICE that the undersigned, an Illinois licensed health care Professional employed by Hand Surgery Associates, S.C., a licensed Illinois Medical Corporation, has rendered or will render services by way of treatment to

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|---|---|----|----|----|-----|----|--|--|--|
|   |   |    |    |    |     |    |  |  |  |
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|   |   |    |    |    |     |    |  |  |  |

(name and address of injured person)

4606 Hayden McHenry, IL 60050

for injuries sustained on or about 2/1/12 and for which injuries treatment

received: 2/1/12----9/1/13

(please list below name and address of each party who may be liable)

Paul Dulberg 4606 Hayden McHenry, IL 60050

(Address) (Name)

Mk. Hans Mast Law Offices of Thomas Popovich 3416 W. Elm St. McHenry, IL 60050

(Name)

(Address)

YOU ARE HEREBY FURTHER NOTIFIED that the undersigned claims a lien, as provided under the laws of the State of Illinois, 770 ILCS 23/1, et seg. upon all applicable claims and causes of action of said injured person for the amount of reasonable charges up to the date of payment of damages.

Hand Surgery Associates, S.C.

515 West Algonquin Road

Arlington Heights, Illinois 60005

Health Care Professional

# Dynamic Hand Therapy and Rehab

Gurnee, IL 847-336-2616 ph 847-336-2676 fx

Fox Lake, IL 847-587-3301 847-587-3346 fx

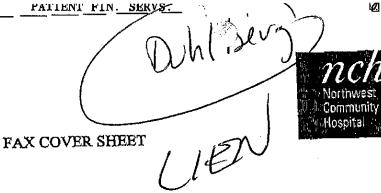
815-344-5280

Facsimile transmittal

| To: Hans Mast   | Company:                   |
|-----------------|----------------------------|
| From: Level     | Date: 5-22-12              |
| Re: Paul Duberg | Pages:                     |
| CC:             | Please CommentPlease Reply |
| 0               |                            |
| Faul Dulberg    | Du Pt                      |
|                 |                            |
|                 |                            |

The information contained in this facsimile message is privileged and confidential and exempt from disclosure under applicable law and intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any disclosure, dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us by phone immediately, and return the original message to us at the address above via the United States Postal Service. Thank You.

3060 West Salt Creek Lane Arlington Heights, IL 60005 847.618.1000 www.nch.org



### CONFIDENTIALITY NOTICE:

The documents accompanying this transmission may contain confidential information belonging to the sender, which is legally privileged. The information is intended only for the use of the individual or entity named below. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distributions or taking of action in reliance on the contents of this telecopied information is strictly prohibited. If you have received this telecopy in error, please notify us immediately to arrange for the return of the documents.

| DATE: (0-26/2                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------|
| DELIVER TO: La No Mast                                                                                                           |
| COMPANY NAME: Law Office                                                                                                         |
| FAX NUMBER: 815 344 5280                                                                                                         |
| FROM: Catie Harrison                                                                                                             |
| DEPARTMENT: Patient Financial Services Northwest Community Healthcare 3060 Salt Creek Lane, Suite 110 Arlington Heights IL 60005 |
| TOTAL NUMBER OF PAGES FAXED (INCLUDING COVER SHEET)                                                                              |
| If you do not receive all pages, please call the sender at 847-618-4747, option 3 as soon as possible.                           |
| Our fax number is 847-618-4719.                                                                                                  |
| COMMENTS:                                                                                                                        |
|                                                                                                                                  |
|                                                                                                                                  |

3060 West Salt Creek Lane Arlington Heights, IL 60005 847,618,1000 www.nch.org



June 25, 2012

Law Office of Tom Popovich Attn: Hans Mast 3416 W Elm St. McHenry IL 60050

RE:

Patient:

Paul Dulberg

Patient #:

71265382

### To Whom It May Concern:

Pursuant a discussion with your office regarding the above referenced patient, this is written request to obtain the information necessary for us to file a lien against the pending settlement for this patient.

In order to file a lien for this patient's scheduled procedure I will need the following: Name and address of the homeowners insurance to which the claim should be filed Claim number Name of responsible party Date of incident

Please contact me with any questions regarding this matter at 847-618-4747 option 3. Please refer to the account number listed above.

Thank you in advance for your assistance in this matter.

Catic Harrison Patient Financial Services Department Northwest Community Hospital

847.618.4702| tel 847.618.4719 | fax c2harrison@nch.org | email

# A tice of Physician's Lien



To:

Hans Mast 3416 W Elm Street McHenry IL 60050

You are hereby notified that the undersigned, a duly licensed and practicing physician in and for the State of Illinois, has and will render medical services in the treatment for injuries sustained by Paul Dulberg

.....

of 4606 Hayden Court, McHenry IL 60051 , Illinois, on or about the

28th day of June 2011

, and for which injuries the following person

or persons is or may be liable to make compensation to the aforesaid injured person:

Paul Dulberg

The undersigned claims a lien as by the Statutes of the State of Illinois, in such case made and provided, upon the claim and cause of action or causes of action of said injured party aforesaid, for his reasonable charges for medical services rendered up to the date of payment of such damages.

That such lien shall attach to any verdict, judgment or decree secured in any action or decree secured in any suit or action of said injured party based on the negligent or wrongful act or acts of said person or persons, or whoever shall be found to be liable therefor, and to any money or property which may be recovered by compromise settlement, suit or action on account of the injuries so sustained not resulting in the death of the injured person; or to any verdict, judgment or decree in any suit brought by the estate of such injured person against any person or persons for the recovery of damages on account of injuries resulting in the death of such injured person.

In the event you have insurance, it is suggested for your protection, that this Notice of Physician's Lien be forwarded promptly to your insurance carrier.

Karen F. Cevis MSTak

Karen F.Levin, MD <u>ි.එල්ල්වේට</u>

**PROOF OF SERVICE** 

Libertyville, IL 60048

STATE OF ILLINOIS

COUNTY OF

ay 30 m

being duly sworn deposes and says that he

served the above and foregoing Notice of Physician's Licn upon the aforesaid

Hans Mast

by:

) Delivering a true copy thereof to said persons

( XX) Placing a true copy of said notice in an envelope addressed to each of said persons at the addresses as above shown, and depositing the same in the United States Mails, postage prepaid as

mail on the 2nd day of May 2012

Subscribed and sworn to before me this

 $2n_{\Sigma}$ 

Official Seal Francine Rippberger .. Notary Public State of Illinois My Commission Expires 10/27/2014

Notary Public Seal

\*\*By Statute the notice must be served upon both the injured party and the person or persons allegedly hable. Service may be made in person, by registered or certified mail.

**Dulberg 006340** 

LAW OFFICE T POPOYICH

5-34. \_30

Dec / 2011 12:50pm P004/006



Lillgation Agreement and Acknowledgement of Financial Responsibility

| This Litigat | tion Agr | reemen(and Acknowledgement of Financial Respons | lblilly is executed as of | 12-6-    | 1/ |
|--------------|----------|-------------------------------------------------|---------------------------|----------|----|
| 2001_,       | БУ       | Paul Dulberg                                    | ("Patient")               | residing | a  |

WHEREAS, Patient has been prescribed physical therapy for injuries that have occurred in a recent event;

WHEREAS, Patient is pursuing liligation to recover damages for such injury (the "Claim");

WHEREAS, FACILITY ("Clinic") is willing, as a courtesy to Patient, to delay collection of its fee for the physical/occupational therapy services rendered in order to allow Patient time to recover monetary compensation to cover the cost of the therapy services.

NOW, THEREFORE, IT IS ACKNOWLEDGED AND AGREED THAT:

Clinic agrees to refrain from attempting to collect its fees for services rendered to the Patient which are the subject of the Claim for the period set forth herein, subject to compliance by Patient with Patient's agreements and obligations as set forth herein.

Patient acknowledges and agrees that it is their sole obligation to pay for the therapy services rendered for injuries arising from the event. Patient grants a lien on and/or assigns any settlement or judgment in which Patient receives from the Claim in an amount equal to the lesser of the charges for the therapy services rendered, or the maximum amount permitted by law. Patient further agrees to execute such further documents as necessary for Clinic to preserve its right to enforce said lien and/or assignment.

Patient agrees that it the Clinic does not receive a salisfactory payment within 365 days from the date on which the last therapy services were rendered related to the Claim, Patient will pay for the therapy services without the necessely of notice or further demand. Patient acknowledges and agrees that in the event Patient does not pay for the therapy services within 395 days from the last date that the therapy services were rendered arising from the Claim, the account will be transferred to our collection agency. Patient agrees to be responsible for any expenses incurred in collecting Patient's account, including all less, court costs, reasonable atterney's tes, and all other collection toleted expenses.

By signing below Patient acknowledges that he/she has read, understands and hereby accepts the above obligations and agreements.

Pallent Signature

Date

Written Name:

Acknowledgement by Clinic:

Date: 12/7/1/

11((6,\_\_\_

© 2003 U.S. Physical Thangy, Inc.

P. 003/010

LAW UPP (GC 1 PUPUVICH TEX THE15-94. ....80

Dec / 2011 12:50pm P005/006

Allachmoni 81,003F

# HEALTH CARE PROVIDER'S LIEN

| Palient: Paul Duberg                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I have a cause of action as a result of injuries sustained by me on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| I dealre your services as a treating therapy facility; even though I do not have the funds to personally pay for therapy services at this time.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| I understand that I am directly and fully responsible to pay you for all the reasonable and necessary medical bills incurred by me for the rendering of reasonable and necessary services provided by you. This agreement is made in consideration of your continued treatment of me, awaiting payment and foregoing collection efforts.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| I give a lien to you on any settlement or jury verdict that I receive as a result of my cause of action. I authorize and direct my attorney to pay directly to you such sum as may be due for services rendered to me, and to withhold such sum from my portion of any settlement or jury verdict. In the event my portion of the recovery is insufficient to cover all of the protected medical bills in my case, then I will promptly reimburse you from my portion of the recovery on an accepted basis with all of my diher protected medical bills. I further understand, however, that such pro-rate payment will not be considered payment in full by me, and that I remain fully responsible to pay the balance of my medical bill, and that any personal liability is not contingent on the settlement or jury verdict which I may recover.  Pattent's Signature: Caul Cally.  Date: 12-6-4 |
| As the patient's attorney, I acknowledge the above libn. Upon final settlement or jury verdict in this case, I agree to withhold your medical fees from the client's share of any settlement or jury verdict, and forward full payment to you.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| is expressly understood that in the event the attorney-client relationship is terminated into the resolution of the above referenced client's case, I will immediately notify you, and I will continue to use my best efforts to ensure that your fees will be protected. I will immediately notify the appropriate insurance companies and any new attorney that the assectance to be accordance with this fign appropriate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

Attorney's Signature:

@ 2003 U.S. Physical Therapy, Inc.

**Business Center** 

3060 West Salt Creek Lane Arlington Heights, Illinois 60005 847.618.1000 www.nch.org



#### NOTICE OF HOSPITAL LIEN

Patient Information:

Patient Name: Paul Dulberg

Account# 71265382

Other Party Information:

Responsible Party: David Gagnon/Maguires

Insurance Company: To be named

Claim#: Still to be decided

You are hereby notified that Paul Dulberg, was on or about the 28th day of June, 2011was injured by the alleged negligence or wrongful act of David Gagnon/Maguires. You appear to be holding funds or expect to be holding funds in the future for payment which Northwest Community Hospital has a claim, demand or cause of action against. Paul Dulberg was a patient in the undersigned hospital, or was a patient on July 9, 2012 due to said injuries.

You are further notified that the undersigned hospital is a corporation organized not for profit under the laws of the State of Illinois and is located at 800 W. Central Road in the city of Arlington Heights, Illinois.

You are further notified that the undersigned hospital claims a lien upon any claim or demand or cause of action which the said injured party may have against the alleged wrong doer, and against any funds you may have presently or in the future which may be directed towards the injured party, in accordance with the terms and provisions of the statutes of the State of Illinois in such case made and provided, and that such lien is for the reasonable value of services rendered and to be rendered in a treatment, care and maintenance of such injured person at current rates, the amount of which lien will not exceed 1/3 of the sum paid or due to said injured person on said claim or right of action.

Our Hospital Nos:

Amount of Liens:

71265382 \$6.30

\$6,366.00

NORTHWEST COMMUNITY HOSPITAL

Catie Harrison

Patient Financial Services
Northwest Community Hospital

AFFIDAVIT OF PERSON MAILING NOTICE

NOTE:

STATE OF ILLINOIS COUNTY OF COOK

Subscribed and Sworn to Before Me this 23 Day of July, 20/2

Requests for medical records pertaining to this

case should be directed to:

Medical Records

Northwest Community Hospital

800 W. Central Rd., Arlington Heights, IL 60005

OFFICIAL SEAL SUZANNE A MACZKO NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:08/13/12

Llen

### NOTICE OF HEALTH CARE SERVICES LIEN

| TO_Paul Dulberg 4606 Hayden McHenry, IL 60050                                                          |
|--------------------------------------------------------------------------------------------------------|
| [name and address of injured party against whom a claim or right of actions exists from such injuries] |
| PLEASE TAKE NOTICE that the undersigned, an Illinois licensed health care                              |
| Professional employed by Hand Surgery Associates, S.C., a licensed Illinois Medical                    |
| Corporation, has rendered or will render services by way of treatment to                               |
| Paul Dulberg (name and address of injured person)                                                      |
| 4606 Hayden McHenry, IL 60050                                                                          |
| for injuries sustained on or about 2/1/12 and for which injuries treatment                             |
| received: 2/1/129/1/13                                                                                 |
| (please list below name and address of each party who may be liable)                                   |
| Paul Dulberg A606 Hayden McHenry, IL 60050 (Name) (Address)                                            |
| Mr. Hans Mast Law Offices of Thomas Popovich 3416 W. Elm St. McHenry, IL 60050                         |
| (Name) (Address)                                                                                       |
| YOU ARE HEREBY FURTHER NOTIFIED that the undersigned claims a lien, as                                 |
| provided under the laws of the State of Illinois, 770 ILCS 23/1, et seg. upon all applicable           |
| claims and causes of action of said injured person for the amount of reasonable charges                |
| up to the date of payment of damages.                                                                  |
| Hand Surgery Associates, S.C.                                                                          |

515 West Algonquin Road

Arlington Heights, Illinois 60005

PP00-02P-F18

# POWERS & MOON, LLC

ATTORNEYS AT LAW

707 LAKE COOK ROAD, SUITE 102 DEERFIELD, ILLINOIS 60015 PHONE: (847) 412-1274

FAX: (847) 412-1570

July 6, 2011

Via Certified Mail
PAUL R DULBERG
4606 HAYDEN CT
MCHENRY IL 60051-7918

RE:

Lienholder/Our Client:

Northern Illinois Medical Center

Account Number:

B1117900323

Dates of Service:

06/28/2011 - 06/28/2011 PAUL R.DULBERG

Patient: Accident Date:

-<del>06/28/</del>2011

Total Charges:

\$1,323.75

### Dear PAUL R DULBERG:

We represent Northern Illinois Medical Center regarding the above account. It is our understanding that you were injured while at someone else's house. Homeowner's insurance policies sometimes cover various injuries sustained while on the premises of their insureds. Kindly provide us with the name and address of the property owner, their homeowner's insurance company's name and policy number, and if a claim has been opened please provide us with the claim number along with the name and contact information for the adjuster assigned to the claim.

Please provide the above information so that we may follow up with the appropriate party for payment. Enclosed is a copy of the Notice of Health Care Provider Lien for the services provided.

Direct all correspondence to:

Powers & Moon, LLC 707 Lake Cook Road, Suite 102 Deerfield, IL 60015

Sincerely yours,

POWERS & MOON ALC

David H. Moon, Ésq.

**Enclosure** 

| Patient Account #:                                                                                      | B1117900323                                                                                                                                                                                                |                                                                                 | DOS:                                                                         | 06/28/2011 - 06/28/2011                                                                  |
|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
|                                                                                                         | NOTICE OF HEALTH O                                                                                                                                                                                         | ARE PROVIDER                                                                    | LIEN                                                                         |                                                                                          |
| STATE OF ILLINOIS<br>COUNTY OF COOK                                                                     | )<br>) ss<br>)                                                                                                                                                                                             |                                                                                 |                                                                              |                                                                                          |
| TO: PAUL R DULBE                                                                                        | RG                                                                                                                                                                                                         |                                                                                 |                                                                              | AYDEN CT<br>IRY IL 60051-7918                                                            |
| MCHENRY IL 60051-7918 responsible party(ies), for received medical services You are further notified th | 0, you are hereby notified that PAI was on or about 06/28/2011 injure which he may have a demand of and supplies in Northern Illinois Mat Northern Illinois Medical Center ed party may have in accordance | ed by the party a<br>or cause of action<br>edical Center bed<br>hereby claims a | alleged to be lia<br>on. PAUL R Di<br>cause of sald inj<br>i lien upon any c | ble, Unknown, and/or other JLBERG was a patient and uries. Staim or demand or cause of   |
| Illinois in regard to health value of services rendered                                                 | care provider liens in such cases<br>and to be rendered in the treatmen<br>of one-third of the sum paid or due                                                                                             | made and provident, care and mair to said injured p David H POWER 707 Lak       | ded, and that su<br>ntenance of such                                         | ch lien is for the reasonable<br>i injured person, the amount<br>dim or right of action. |

This \_\_\_\_ day of \_\_\_\_\_ 2011 Address: C/O Powers & Moon, LLC 707 Lake Cook Road, Sulte 102 Deerfield, IL 60015

AFFIDAVIT OF PERSON MAILING NOTICE STATE OF ILLINOIS ) SS

COUNTY OF COOK )

OCUMENT OF COOK )

Description of the above and says that (s)he served a copy of the above and foregoing notice by placing same in a properly stamped envelope addressed to the above address(es) and depositing same as certified mail in the Deerfield, Illinois Post Office on the day of \_\_\_\_\_\_, 2011.

(X) Under penalties as provided by law pursuant to 735 ILCS 5/1-109 I certify that the statements as set forth herein are true and correct.

Signature



#### Medical Lien Finance

14 Mamaroneck Avenue; Suite 3F White Plains, NY 10601 Tax ID: 13-4214889 WWW.medchex.org



\*MRI

\*Epidurals

\*Anesthesia

\*Orthopedic

\*Hospital

# PAYOFF AMOUNT

Security Interest & Assignment Satisfaction

January 8, 2014

Hans Mast The Law Offices of Thomas J. Popovich 3416 W. Elm St. McHenry, IL 60050

via fax 18153445280

Ref: Paul Dulberg

Case ID: 265065

Dear Hans Mast,

This letter is to inform you of the current Lien Payoff Amount due MedChex (tax ID 13-4214889) for the above referenced client. Please mail a check for the amount referenced below to the address below and we will release all claims against your client.

Payoff due before

2/17/2014 \$ 3,390

Please mail our check to:

Medchex P.O. Box 828 Katonah, NY 10536

Sincerely,
Heather Hallman
Finance Manager
hhallman@medchex.org
(866) 709-1100 Ext. 121

### Medical Justice

14 Mamaroneck Avenue; Suite 3F White Plains, NY 10601 Phone (866) 709-1100 Fax (866) 218-3928



January 8, 2015

# VIA CMRRR No. 7011-2000-0002-4788-8927

Paul Dulberg 4606 Hayden Court McHenry, IL 60050

Injured Person: Paul Dulberg

Injured Person Address: 4606 Hayden Court, McHenry, IL 60050

Date of Injury: June 28, 2011

Health Care Professionals: Michelle Shamash, OT; Darlene Verenski, OT

Health Care Professional Address: 498 S. Route 12, Suite C, Fox Lake, IL 60020

Account No.:0042000185 Liable Party: UNKNOWN Carrier; UNKNOWN

Carrier Claim No.: UNKNOWN

Dear Mr. Dulberg:

The purpose of this letter is to provide you written notice of the lien rights of Michelle Shamash, OT and Darlene Verenski, OT pursuant to the Health Care Services Lien Act, 770 ILL. COMP. STAT. ANN. §§ 23/1-23/999 (West, WESTLAW through P.A. 95-1 of the 2007 Reg. Sess.). Pursuant to § 23/10, Michelle Shamash, OT and Darlene Verenski, OT are health care professionals that render services in the treatment, care, or maintenance of the injured person Paul Dulberg, and hereby claim a lien upon all claims and causes of action of the injured person Paul Dulberg for the amount of Michelle Shamash, OT's and Darlene Verenski, OT's reasonable charges up to the date of payment of damages to the injured person Paul Dulberg. Pursuant to § 23/15, a judgment, award, settlement, or compromise secured by or on behalf of an injured person may not be satisfied without the injured person or his or her representative first giving notice of the a judgment, award, settlement, or compromise to the health care professional who has rendered services and served a lien notice hereunder.

If you should have any questions, then please contact the undersigned at your earliest opportunity. My direct number is 713-297-6386.

Sincerely yours, J.S. Physical Therepy, Inc.

VIA CMRRR No.7011-2000-0002-4788-8910 Hans Mast cc:

Attorney At Law 3416 W. Elm Street McHenry, IL 60050

U.S. PHYSICAL THERAPY, INC.